

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45693**

FILED MAR 15 1954

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. L189		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Swan		c. LENGTH OF STAY (in this place) 6 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Swan		d. STREET ADDRESS (If rural, give location) RFD, Chadwick			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) RFD, Chadwick					
3. NAME OF DECEASED (Type or Print) a. (First) CLINTON			b. (Middle) (NONE)		c. (Last) SHIPMAN		4. DATE OF DEATH (Month) (Day) (Year) August 31, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 2-1907		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Garrison, Missouri			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Reuben Shipman			13b. MOTHER'S MAIDEN NAME Mary Ann Anderson			14. NAME OF HUSBAND OR WIFE Oddie Wood, Shipman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 570-07-9970		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Oddie Shipman, Swan, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malignancy of Lung</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Bronchitis</i> DUE TO (c) <i>Nicotinism</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Mar 21, 1953 , to Aug 31, 1953 , that I last saw the deceased alive on Aug 27, 1953 , and that death occurred at 4:43p m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. H. Harrison</i>						23b. ADDRESS Sparta, Missouri		23c. DATE SIGNED 3-13-1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 3-1953		24c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery		24d. LOCATION (City, town, or county), (State) Chadwick, Missouri			
DATE REC'D BY LOCAL REG. MAR 15 1954		REGISTRAR'S SIGNATURE <i>Edgar A. Bridges</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>John Dean Harris</i>		ADDRESS Clever, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6/10/19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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