

STANDARD CERTIFICATE OF DEATH

State File No. 2501

FILED FEB 9 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN BONNE TERRE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 126 MAIN ST.		e. STREET ADDRESS (If rural, give location) 126 MAIN ST. 0940	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) WINONA	c. (Last) SHIPMAN	4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 12, 1861	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (City and State or Foreign Country) BRIDGEPORT, OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MARSHAL VERNAN HENDERSON	13b. MOTHER'S MAIDEN NAME REBECCA ANN BROWN	13c. NAME OF HUSBAND OR WIFE GEORGE WILSON SHIPMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. P. H. BRIGGS	ADDRESS BONNE TERRE MO
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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, asthma, etc.; it means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH ?
	II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) garage	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 26 1954 3:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1947**, 19 **Jan 26**, 19**54**, that I last saw the deceased alive on **Jan 26**, 19**54**, and that death occurred at **3:00** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Taylor, M.D.	(Degree or title)	23b. ADDRESS Bonne Terre, Mo	23c. DATE SIGNED 1-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 29, 1954	24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO
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DATE REC'D BY LOCAL REG. Jan 29, 1954	REGISTRAR'S SIGNATURE Esther Pudloff	25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Halls	ADDRESS Bonne Terre, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
A. J. Reynolds

Licensed Embalmer No. *376*

P. O. Address *Denver*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.