

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5266

18299

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. #117 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ozark Finley Twp.</u>		c. CITY OR TOWN <u>Ozark</u>	
c. LENGTH OF STAY (In this place) <u>10da</u>		d. Residences within limits of a city or incorporated town <u>Finley Twp. No 707</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Mo. #117</u>		e. STREET ADDRESS (If rural, give location) <u>Ozark Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>	b. (Middle) <u>J</u>	c. (Last) <u>Mapes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 31, 1877</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			

13a. FATHER'S NAME <u>Henry Shipman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Carver</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jewell Bilbey, Ozark Mo</u>
		ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary Embolism 24-48 hrs</u> DUE TO (c) <u>Pulmo-Thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable recent pneumonia (Pt. bed. for 7 yrs due to stroke)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		465 X

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 12 -, 1952, to 6/12, 1954, that I last saw the deceased alive on 6/12, 1954, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vernon P. McCormick</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Ozark Mo.</u>	23c. DATE SIGNED <u>6/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparta</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>

DATE REC'D BY LOCAL REG. <u>July 6 1954</u>	REGISTRAR'S SIGNATURE <u>Loretta Leonard</u>	59-10	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>	ADDRESS <u>Ozark</u>
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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..... *T. B. Chaffin*

Licensed Embalmer No. *219*

P. O. Address... *Osark*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.