

FILED OCT 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34521

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5678 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Millwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Millwood</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. West Silex</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. West Silex</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>RALPH</u> c. (Last) <u>SHIPLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 54</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 14, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Warren County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Joseph Shipley</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Culling</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Shipley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495 12 8171</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Shipley, Silex, Missouri</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>P</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>Sept 15</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hepatitis-Cholecystitis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>No</u>	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) (Min.)	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 Oct 3, 1954 to Oct 8, 1954, that I last saw the deceased alive on Oct 5, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.M. Penn</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Silex Mo.</u>	23c. DATE SIGNED <u>Oct. 18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 13, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Alphonseus</u>
24d. LOCATION (City, town, or county) (State) <u>Millwood Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Oct 28-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Krentz</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J.O. Mull</u>	ADDRESS <u>Bowling Green, Missouri</u>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING LEADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*James O. Murch*

Licensed Embalmer No. *4152*

P. O. Address *Truuling Green Me*

**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.