

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15927

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>4268</u>		Registrar's No. <u>61</u>			
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>Pike</u>					
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Moscow Mills</u>				c. CITY OR TOWN <u>Eolia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hells Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>0826</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Metta</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>SHIPP</u>			
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>17</u>		(Year) <u>55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-13-1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Mr Macatee Shipp</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Poston</u>		14. NAME OF HUSBAND OR WIFE <u>Mr DeLamarch Shipp</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>W.R. SHIPP - EOLIA, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Secularity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>				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) (Minute)		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 <u>5/1</u> , 19 <u>55</u> , to <u>5/17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/17</u> , 19 <u>55</u> , and that death occurred at <u>10:10 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) <u>W.R. Shipp</u>				23b. ADDRESS <u>Tracy Mo</u>		23c. DATE SIGNED <u>5/19/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-4-1955</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo M. Baker</u>		ADDRESS <u>Louisiana Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
No. 4870
f

MAY 27 1957

APR 17 1956

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 *Geo. M. Callier*.....
Licensed Embalmer No. *38*.....
P. O. Address *Louisiana*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.