

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26645

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie Independence,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 10 mon.		d. STREET ADDRESS (If rural, give location) 4209 Oak St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospt.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Shipp			4. DATE OF DEATH (Month) (Day) (Year) Aug 17, 1955		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-10-70		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Centralis, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Moore		13b. MOTHER'S MAIDEN NAME Thompson (last name)		14. NAME OF HUSBAND OR WIFE Lester Shipp, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daughter, Mrs. Lulu Minturn, KC Kans.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS PNEUMONIA			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x		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) (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 **10-28**, 19 **54** to **Aug**, 19 **55**, that I last saw the deceased alive on **Aug 16**, 1955, and that death occurred at **5:55 AM**, from the causes and on the date stated above.

23a. SIGNATURE Harold Waldman, M.D. (Degree or title)		23b. ADDRESS Jackson County Hospital		23c. DATE SIGNED 8-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-19-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	

DATE REC'D BY LOCAL REG. 8-18-55		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Fulton, Kansas City, Kans.	
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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
Student Embalmer

Signed *Ralph Fulton*

Licensed Embalmer No. *3503*

P. O. Address *Kansas City, Kan*

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.