

FILED OCT 9 1957

Registration District No. 68 Primary Registration District No. 5269 Registrar's No. 26

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Christian</u> /		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Mo.</u> COUNTY <u>Christian</u> <u>10220</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, McCracken Twsp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural, McCracken Twsp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Rural, McCracken Twsp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Lenza</u> Middle <u>Shipman</u> Last <u>Shipman</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>3</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 31, 1879</u>
9. AGE (In years last birthday) <u>77</u>		10. INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Ruban Shipman</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Hedgepeth</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Belle Shipman</u>
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.	17. INFORMANT Address <u>Mrs. Belle Shipman, Sparta, Rt #1, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cause of cancer, type undetermined</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ <u>153X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis, generalized, severe</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>20 Aug 57</u> to <u>3 Sept 57</u> and last saw <sup>her</sup> him alive on <u>3 Sept 57</u> Death occurred at <u>8:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Popen M.D.</u> (Degree or title)		22b. ADDRESS <u>Ozark, Mo.</u>	22c. DATE SIGNED <u>9-10-1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 5, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linden Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Christian Co. Missouri</u>
24. FUNERAL DIRECTOR <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 8 - 1957</u>	26. REGISTRAR'S SIGNATURE <u>Loretta Leonard</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases, injuries, etc. must be only standard notations as their I.D. No symptoms will be traced.

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. Cheffin* .....

Licensed Embalmer No. *2192* .....

P. O. Address *Ozark Mo* .....

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.