

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 23 1957

STANDARD CERTIFICATE OF DEATH

31494

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 879-A

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 612 Nichols		Length of stay in lb 14 years	d. STREET ADDRESS 612 Nichols		(If outside, give location) 296 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARY ANN SHIPMAN			4. DATE OF DEATH Sept. 6, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1879	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and state or country) Gentry Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James Anderson			14. MOTHER'S MAIDEN NAME Remer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Louis Shipman, Springfield, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke					INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis					unknown
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? 334X 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 _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene STATE Mo.
21. I attended the deceased from Sept 10, '48 to Sept 10, '57 and last saw her alive on Sept 5, '57 Death occurred at 3:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. O. Kilsley M.D. (Degree or title)			22b. ADDRESS 1609 Cherry St.		22c. DATE SIGNED Sept 13 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/8/1957	23c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery		23d. LOCATION (City, town, or county) Chadwick, Missouri (State)
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-16-57		26. REGISTRAR'S SIGNATURE John Williamson

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 *J. Dean Harris*

Licensed Embalmer No. *43*

P. O. Address *Clever,*

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