

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40989

STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 175 Primary Registration District No. 3036 Registrar No. 110

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN AURORA Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY Inside Limits TOWN AURORA Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION AURORA HOSPITAL		d. STREET ADDRESS (If outside, give location) Reside on Farm 5 MILES NORTH Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MEIROSE Shipman			4. DATE OF DEATH Month Day Year Nov. 25, 1957		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-25-1957	9. AGE (In years last birthday) 3 1/2	IF UNDER 1 YEAR Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MO		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME B. J. Shipman			14. MOTHER'S MAIDEN NAME MARJORIE RIDDLE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT B. J. Shipman, Aurora, Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable tear in Tentorium		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Spontaneous delivery		
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? 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.) 7610	
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 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 Nov. 25/57 , to Nov. 25/57 and last saw ^{hear} him alive on Nov 25/57 Death occurred at H. A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Gene Callum M.D.	22b. ADDRESS 2005 S. Elliot, Aurora, Mo.	22c. DATE SIGNED Nov 29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-27-57	23c. NAME OF CEMETERY OR CREMATORY ORANGE CEMETERY	23d. LOCATION (City, town, or county) (State) LAWRENCE Co., Mo.
24. FUNERAL DIRECTOR O. L. Marsh, Aurora Mo	25. DATE RECD. BY LOCAL REG. Nov. 30/57	26. REGISTRAR'S SIGNATURE Ora McMatt	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1576-

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 *Max L. Fossett*

Licensed Embalmer No. *423*

P. O. Address *McVernon*

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.