

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43948

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 178

Health,
& Welfare
Public
Service

S. 300
v. 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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence Twp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kennett</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>Dunklin Memorial Hospital</u> Length of stay in lb <u>3 Hours</u>		d. STREET ADDRESS <u>703 Whitney</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Shipley</u> Middle <u>Ann</u> Last <u>McMahan</u>		4. DATE OF DEATH Month <u>12-</u> Day <u>21-</u> Year <u>57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1- 1935</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ely-Walker Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>	9. AGE (In years last birthday) <u>22</u>
11. BIRTHPLACE (City and state or country) <u>Kennett Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Sherman H. Dean</u>		14. MOTHER'S MAIDEN NAME <u>Jane Willis</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> <u>XX</u>		16. SOCIAL SECURITY NO. <u>486-38-1695</u>	
17. INFORMANT <u>Etta Gordon</u> Address <u>230 Williams Kennett 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>Fractured Skull</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> <u>2</u>
20a. ACCIDENT <input checked="" 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.) <u>Car side-swiped truck and trailer.</u>		
20c. TIME OF INJURY <u>1 a. m. 12-21-57</u>			
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.) <u>Hi-way 25 3mi. North</u>	20f. CITY, TOWN, OR LOCATION <u>Kennett (Rural)</u> COUNTY <u>Dunklin</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>3:15A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Quincy Tarver</u> (Degree or title) <u>Quincy Tarver, M.D., Coroner</u>		22b. ADDRESS <u>Box 115 Kennett, Mo.</u>	22c. DATE SIGNED <u>12-24-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gregory Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kennett (Rural) Mo.</u>
24. FUNERAL DIRECTOR <u>Lentz Service</u> ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 24-1957</u>	25. REGISTRAR'S SIGNATURE <u>Quincy Tarver</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-30-57
COUNTY FILE NUMBER 1257-32

VS
DEC 25 1957

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 *Edgar Lee Ford*
.....

Licensed Embalmer No. 4433

P. O. Address Kennett 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.