

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005844
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 831

300
-57 0

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		Length of stay in 1b 2 mo.	d. STREET ADDRESS (If outside, give location) 812 Ann Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KATE Middle SHIPP Last SHIPP			4. DATE OF DEATH Month Feb. Day 14 Year 1958		
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. 16, 1865	9. AGE (In years last birthday) 92 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
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 (City and state or country) Muncie, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ebenezer O. Zane		13b. MOTHER'S MAIDEN NAME Rebecca A. Shipp	
14. NAME OF HUSBAND OR WIFE Harry C. Shipp		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Elwood B. Coile, 5352 Neosho, Mo. Co.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Inanition & Malnutrition DUE TO (c) Generalized Arteriosclerosis & Dry Gangrene of rt. foot.		INTERVAL BETWEEN ONSET AND DEATH 24 hr. unknown unknown	
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 Dec 31 1957 to Feb 14, 1958 and last saw her ^{him} alive on Feb 14, 1958 Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Verner James</i>		(Degree or title) MD		22b. ADDRESS 926 C. 11th St.	
22c. DATE SIGNED Feb 15, 1958		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Feb. 17, 1958	
23c. NAME OF CEMETERY OR CREMATORY Huron Cemetery		23d. LOCATION (City, town, or county) Kansas City		(State) Kansas	
24. FUNERAL DIRECTOR WERNER MORTUARY		ADDRESS K.C. Kansas		25. DATE RECD. BY LOCAL REG. 2-15-58	
26. REGISTRAR'S SIGNATURE <i>neva minshall</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Verner J. Ames

Dr. [unclear]



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 *A C Werner*

Licensed Embalmer No. *2597*

P. O. Address *K. C. K.*

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.

WERNER MORTUARY