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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035989
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington, Mo — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Francis Hosp. — Length of stay in 1b 2 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Franklin
c. CITY OR TOWN 0360 St. Clair, Mo. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First James Middle P. Last Shipman
4. DATE OF DEATH Month Oct Day 15 Year 1958.
5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH July 12th 1865.
9. AGE (In years last birthday) 93 — IF UNDER 1 YEAR Months 3 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retire, Missouri Pacific Line.
10b. KIND OF BUSINESS OR INDUSTRY section laborer.
11. BIRTHPLACE (City and state or country) Franklin, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Unknow
13b. MOTHER'S MAIDEN NAME Unknow.
14. NAME OF HUSBAND OR WIFE none.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. –
17. INFORMANT Sherwood W Kitchell Address St Clair Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years.
DUE TO (c) 332 X
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 ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct 12 1958, to October 15-58 and last saw her alive on Oct 14-1958
Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert McCrawford MD 0
22b. ADDRESS Sullivan, Mo.
22c. DATE SIGNED Oct 16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 17 1958
23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
23d. LOCATION (City, town, or county) St. Clair, (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Sherwood W Kitchell, St Clair Mo
25. DATE RECD. BY LOCAL REG. 10/18/58
26. REGISTRAR'S SIGNATURE F.L. Hudmann G.L.C. Hudmann Reg

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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FEB 24 1959

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 Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St Clair 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.