

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039723

STATE FILE NUMBER
78

FILED NOV 24 1958

Registration District No. 139 Primary Registration District No. 422.1 Registrar's No.

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before death) a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUND City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOUND City c 440 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 20 YRS.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last
AUFY NEWTON SHIPMAN

4. DATE OF DEATH Month Day Year
NOV. 16, 1958

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 16, 1890	9. AGE (In years last birthday) 68	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY TRACTOR	11. BIRTHPLACE (City and state or country) LESLIE, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NEWTON SHIPMAN	13b. MOTHER'S MAIDEN NAME SAMANTHA RUSSELL	14. NAME OF HUSBAND OR WIFE ANNIS SHIPMAN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 48709-257	17. INFORMANT Address EDITH SHIPMAN - MOUND City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary Occlusion, Myocardial Infarction**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Coronary Thrombosis**

DUE TO (c) **Arteriosclerosis Heart Disease**

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

INTERVAL BETWEEN ONSET AND DEATH
1 wk

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from **July 15, 1954** to **Nov 16, 1958** and last saw him alive on **Nov 16, 1958**
Death occurred at **6:30 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Sweeney M.D.	22b. ADDRESS Oregon, Mo	22c. DATE SIGNED 11-17-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/19/1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE Cem.	23d. LOCATION (City, town, or county) (State) MOUND City, Mo.
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24. FUNERAL DIRECTOR ADDRESS James Crawford, Mound City, Mo.	25. DATE RECD. BY LOCAL REG. 11-17-1958	26. REGISTRAR'S SIGNATURE James Crawford
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(Licenses of Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

REPRODUCED BY PERMIT OF THE MISSOURI ARCHIVES

NOV 23 1958

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 *James H. Crawford*

Licensed Embalmer No. *4796*
P. O. Address *Mound City*

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.