

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008275
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Reger</u> - <u>1760</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>Laughlin Hosp</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ruth L Shipley</u>				4. DATE OF DEATH Month Day Year <u>3 8 1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-19-1898</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>6 19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Reger - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James S Shipley</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Burwell</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Shipley Reger Mo</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>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Leonard Shipley Reger 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>TERMINAL AZOTEMIA (UREMIA)</u> Chronic Nephritis DUE TO (b) <u>592X</u> DUE TO (c) <u>592X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>OLD HEPTED ANTI MYOCARDIAL INFARCT - SUGGESTIVE STONIC COLOR</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Prior to 2-25-59</u> <u>UNKNOWN</u>			
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 a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from Death Occurred at <u>6:38</u> <u>2-25-59</u> to <u>3-8-59</u> and last saw her alive on <u>3-7-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Earl Laughlin Jr</u>			
22b. ADDRESS <u>Do 2 Yorkville, Mo</u>		22c. DATE SIGNED <u>3-12-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>3-10-1969</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Henry Cain</u>		23d. LOCATION (City, town, or country) <u>Reger</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Schoenies</u> <u>Dorset Schenies</u>		ADDRESS <u>Melan, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-24-1959</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Rattiff</u>	

ALL diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
EARL LAUGHLIN JR

VS
MAR 22 1936

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

Dwight Scherer

Licensed Embalmer No. *2467*

P. O. Address *Union 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.