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Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008577
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 116

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1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Garter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Van Buren <i>6185</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff		Length of stay in 1b 1 Week	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 Myrtle Middle Etta Last Shipley			4. DATE OF DEATH Month Mar. Day 1 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 3 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Keathley	13b. MOTHER'S MAIDEN NAME Nancy White	14. NAME OF HUSBAND OR WIFE John Shipley, Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Tressie Lingo, Van Buren, Mo.	Address
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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) <i>Struck by John Raphael King</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
DUE TO (b) <i>arterial brain & cerebral hemorrhage</i>		
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"/>

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.) <i>Automobile wreck</i>
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20c. TIME OF INJURY Hour 2 Month, Day, Year a.m. p.m. 2-23-59	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 Van Buren	COUNTY Van Buren	STATE Mo.
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21. I attended the deceased from 2-23-59 to 3-1-59 and last saw her alive on 3-1-59 Death occurred at 7:55 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Wm. H. Henschen M.D.</i>	(Degree or title)	22b. ADDRESS <i>Poplar Bluff Mo</i>	22c. DATE SIGNED 3-4-1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 3, 59	23c. NAME OF CEMETERY OR CREMATORY Heffington	23d. LOCATION (City, town, or county) (State) Van Buren, Arkansas
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24. FUNERAL DIRECTOR Frank-Cotrell, Poplar Bluff, Mo	25. DATE RECD. BY LOCAL REG. 3/14/59	26. REGISTRAR'S SIGNATURE <i>Wm. Henschen</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FEB 2 1960

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FEB 2 1960

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 *Charles E. Mungle*

Licensed Embalmer No. *4877*

P. O. Address *Poplar Bluff*

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.