

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5954

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kingsville, Missouri	
Length of stay in lb 10 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside, Hospital		d. STREET ADDRESS (If outside, give location) Kingsville, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JaNelle Shippy			4. DATE OF DEATH Month December Day 9 Year 1959		
5. SEX female	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 12/27/21	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Odessa, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ralph Jennings		13b. MOTHER'S MAIDEN NAME Nellie Specker		14. NAME OF HUSBAND OR WIFE Varner Shippy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. —		17. INFORMANT Varner Shippy, Kingsville, Missouri	
Address					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) terminal pneumonia - due to congestive heart failure		2 days
DUE TO (b) uremia due to acute renal failure - due to		5 days
DUE TO (c) ruptured tubal pregnancy		6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 2 P. a.m. — p.m. —	Month Nov Day 30 Year 59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Nov 30/59 to Dec 9-59 and last saw her/him alive on Dec 9-59
Death occurred at 2 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Milazzo D.O.	(Degree or title)	22b. ADDRESS 1811 Purdum/Ketner	22c. DATE SIGNED 12/10/59
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23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE Dec 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Elm Cem.	23d. LOCATION (City, town, or county) (State) Holden, Mo
24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Missouri		25. DATE RECD. BY LOCAL REG. 12-10-59	26. REGISTRAR'S SIGNATURE Wesley Minchell

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Milazzo

MS DEC 30 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 M Lewis Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.