

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000098

FILED VS FEB 15 1960

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 21

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b 50 Yrs.	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 301 Pearl St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 301 Pearl St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RANDOLPH Middle WALTER Last SHIPLEY			4. DATE OF DEATH Month Feb. Day 2 Year 1960			
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 7/16/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 7 Days 16 Hours 82 Min. 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Douglas County, Mo. U.S.A.		
13a. FATHER'S NAME Calvin Shipley		13b. MOTHER'S MAIDEN NAME Sarah Dye		14. NAME OF HUSBAND OR WIFE Margerite Shipley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No (unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-01-5605	17. INFORMANT Address Mrs. Walter Shipley Monett, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive heart disease - coexistent bilateral glaucoma.					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic prostatic hypertrophy				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <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 Oct 1954 to Feb 2, '60 and last saw her alive on Feb 1, 1960 Death occurred at 12⁰⁰ am m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Robert R. Overly M.D.			22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 2-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/4/60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.		
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan Monett, Mo.		25. DATE RECD. BY LOCAL REG. 2-4-60	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.