

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007479

STATE FILE NUMBER

John W. German
 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 26

FILED VS FEB 23 1960

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pemiscot	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti	a. STATE Missouri	b. COUNTY Pemiscot
Length of stay in 1b 55 yrss.		c. CITY OR TOWN Hayti	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 North 3rd.		d. STREET ADDRESS 604 North 3rd.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Victoria	Middle Adline	Last SHIPLEY	Month February	Day 5,	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 80201869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 6 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lenton, Ind.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Beasley		13b. MOTHER'S MAIDEN NAME Nan Mitchel		14. NAME OF HUSBAND OR WIFE	

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.	17. INFORMANT Mrs. W. C. Stanley, 604 N. 3rd. Hayti,
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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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Broncho pneumonia bilateral	5 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Influenza	5 day
DUE TO (c) Long term Heart Failure	3 yr

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.
Pericardial Atherosclerosis, Lung E. F. Bil	<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"/>	20. 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 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 **8-8-57** to **2-5-60** and last saw her alive on **2-5-60**
 Death occurred at **3:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>David Caldwell Miller</i>	22b. ADDRESS <i>Hayti, Mo</i>	22c. DATE SIGNED 2-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-7-60	23c. NAME OF CEMETERY OR CREMATORY Dry Bayou Cemetery
24. FUNERAL DIRECTOR John W. German, Funeral Home, Hayti, Mo.		24. LOCATION (City, town, or county) Pemiscot County, Missouri.

25. DATE RECD. BY LOCAL REG. 2-6-'60	26. REGISTRAR'S SIGNATURE <i>La Thanda Adams</i>
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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

John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti 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.