

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010718**

FILED VS. MAR 31 1960 / 40

Registration District No. 3024 Primary Registration District No. 32 Registrar's No. 32

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Howard</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette, Mo.</u>		Length of stay in 1b <u>6 days</u>		c. CITY OR TOWN <u>Fayette</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Silvey St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>BERNITA</u> Middle Last <u>SHIPLEY</u>				<b>4. DATE OF DEATH</b> Month <u>MAR.</u> Day <u>26,</u> Year <u>1960</u>					
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>3/25/1898</u>		<b>9. AGE (last birthday)</b> <u>62</u>	
IF UNDER 1 YEAR Months Days Hours Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <u>House work</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Cook.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Howard County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Henry Jackson</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Belle Turner</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Taylor Shipley</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			<b>16. SOCIAL SECURITY NO.</b> <u>495-36-6131</u>		<b>17. INFORMANT</b> Address <u>Marie Kelly, Fayette, Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral vascular arteriosclerosis</u> DUE TO (c) <u>Diabetes mellitus moderate</u>								INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>Unknown</u> <u>Unknown</u>	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year									
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE			
<b>21. I attended the deceased from</b> <u>March 15 1960</u> to <u>March 24 1960</u> and last saw her <sup>her</sup> alive on <u>March 24 1960</u> Death occurred at <u>12:00 noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Type or print) <u>Dennis J. Welch M.D.</u>				<b>22b. ADDRESS</b> <u>Shelby, Mo</u>				<b>22c. DATE SIGNED</b> <u>3-29-60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>3/29/1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Fayette, Missouri</u>			
<b>24. FUNERAL DIRECTOR</b> <u>Rafael A. Care</u>				ADDRESS <u>Fayette, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-29-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Katherine Welch</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

