

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018891

FILED VS MAY 25 1960
 ENDED

107 Primary Registration District No. 3019 Registrar's No. 100

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Senath	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hosp.		d. STREET ADDRESS (If outside, give location) Rt. 1	

3. NAME OF DECEASED (Type or print) First Minnie Middle Lee Last Chipman			4. DATE OF DEATH Month May Day 13 Year 1960		
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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 3/15/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Month 1 Day 28 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ripley, Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Monroe Thomas	13b. MOTHER'S MAIDEN NAME Lizzie Rice	14. NAME OF HUSBAND OR WIFE (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. Unknown	17. INFORMANT Address Mrs. Marshall Gentry, Rt. 1 Senath, Mo.
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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) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Cerebral Arteriosclerosis		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the stomach ^{operation} 2 weeks before		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
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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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from Oct '59 to 13 May 60 and last saw ^{her} him alive on 13 May 60 Death occurred at 10:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) William E. Morehead, M.D.	22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 17 May 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/15/1960	23c. NAME OF CEMETERY OR CREMATORY Lulu	23d. LOCATION (City, town, or county) (State) Senath Mo.
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24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Service, Senath, Mo.	25. DATE RECD. BY LOCAL REG. 5-18-1960	26. REGISTRAR'S SIGNATURE Carl Husband
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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 D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Seneth, N

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.