

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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-60-018978

FILED VS JUN 7 1960

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC</u>		Length of stay in 1b <u>3 MOS.</u>		c. CITY OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R.I-SULLIVAN</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.R.I</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS MARTIN SHIPLEY</u>				4. DATE OF DEATH Month Day Year <u>JUNE 1 1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 29 1909</u>		9. AGE (last birthday) <u>51</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>2 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>HAMBURG, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>JOHN SHIPLEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY WATERS</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. II</u>			16. SOCIAL SECURITY NO. <u>487-18-2664</u>		17. INFORMANT Address <u>MARY SUSCHANKE, SULLIVAN, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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 type="checkbox"/> N. <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>Unknown</u>		
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 _____ 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 <u>never</u> to <u>never</u> and last saw him <u>live on never</u> Death occurred at <u>10:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree, or title) <u>Robert M. Cronford</u>				22b. ADDRESS <u>Sullivan Mo.</u>			22c. DATE SIGNED <u>June 1 1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 6, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>JEFFERSON BARRACKS CEM.</u>		23d. LOCATION (City, town, or county) <u>JEFFERSON BARRACKS, Mo.</u>		(State)		
24. FUNERAL DIRECTOR <u>H.M. EATON SULLIVAN, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-4-60</u>		26. REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 8 1982

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 Harrison P. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan

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.