

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-029562

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		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 504 Frisco Street		d. STREET ADDRESS (If outside, give location) 504 Frisco Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Edward Last Shipley			4. DATE OF DEATH Month Aug. Day 28 Year 1960		
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 7 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Birch Tree Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Shipley		13b. MOTHER'S MAIDEN NAME Rebecca Casey		14. NAME OF HUSBAND OR WIFE Mabel Shipley	
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. 702-03-5783		17. INFORMANT Mabel 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) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 5 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Rt Kidney		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial infarction in Febr. 1955		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	
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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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 1954	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 Monett, Mo. COUNTY _____ STATE _____

21. I attended the deceased from **1954** to **August 1960** and last saw ^{her}him alive on **August 23, 1960**
Death occurred at **Aug 28, 1960 11:30 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert R. Doolley M.D.</i>		22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 9-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Pierce City Mo.	
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 9-1-60	26. REGISTRAR'S SIGNATURE <i>Mrs P.N. Cook</i>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 3 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Preso Ct

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.