

JRIL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

132

-60-038135
STATE FILE NUMBER

181

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Grundy</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Myersburg</i>		Length of stay in lb <i>15 yrs</i>	c. CITY OR TOWN <i>Myersburg</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Spurckard Route 1</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Spurckard Route 1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>MINERVA SHIPMAN</i>			4. DATE OF DEATH Month Day Year <i>10-30-1960</i>		
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5. SEX <i>Fe.</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-13-1870</i>	9. AGE (last birthday) <i>90</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Grundy, G. mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Rev Joseph Willis</i>	13b. MOTHER'S MAIDEN NAME <i>Melody Johnson</i>	14. NAME OF HUSBAND OR WIFE <i>CH Shipman</i>
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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)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <i>Joe Shipman</i> Address <i>Spurckard mo</i>
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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)	<i>Massive Myocardial Infarction</i>	<i>Instantaneous</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Chronic Myocarditis with atherosclerosis</i>	<i>5-10 years</i>
	DUE TO (c) <i>Malignant Hypertension</i>	<i>15-25 years</i>
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"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. 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
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21. I attended the deceased from <i>July 1950</i> to <i>October 1960</i> and last saw her/him alive on <i>October 30-1960</i> Death occurred at <i>4: P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. Weiler</i> (Degree or title)	22b. ADDRESS <i>Salt Missouri</i>	22c. DATE SIGNED <i>11/1/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-2-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Perry Cem.</i>	23d. LOCATION (City, town, or county) <i>Salt mo</i>	State
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24. FUNERAL DIRECTOR <i>Payson Funeral Home</i>	ADDRESS <i>Salt mo</i>	25. DATE RECD. BY LOCAL REG. <i>11-2-60</i>	26. REGISTRAR'S SIGNATURE <i>Frene Jain</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

R. K. Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Balt

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.