

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE**

-60-039258

FILED VS NOV 9 1960

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. _____ Registrar's No. 366

UNDECEASED

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Ridge		Length of stay in 1b 70 years		c. CITY OR TOWN Green Ridge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Last SHIPPS				4. DATE OF DEATH Month Oct. Day 31, Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/11/890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Blacksmith		11. BIRTHPLACE (City and state or country) Wells County, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Robert Shipp			13b. MOTHER'S MAIDEN NAME Sarah Ellen Bennett			14. NAME OF HUSBAND OR WIFE Artie Bozarth Shipp			
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. 491-07-6596		17. INFORMANT Address Mrs. Artie Shipp, Rt. 2, Green Ridge,				
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 Apoplexy							INTERVAL BETWEEN ONSET AND DEATH 42 hours		
DUE TO (b) Intracerebral hemorrhage									
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"/> No <input type="checkbox"/> Unknown		
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 _____ s.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 Oct 29, 1960 to Oct 31, 1960 and last saw her/him alive on Oct 30 1960 Death occurred at his home Oct 31, 1960 3:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) H. A. Hite M.D.				22b. ADDRESS Green Ridge Mo				22c. DATE SIGNED 11-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/2/60	23c. NAME OF CEMETERY OR CREMATORY New Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.				
24. FUNERAL DIRECTOR Shane Crow			ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 11-3-1960		26. REGISTRAR'S SIGNATURE Frances Shelby		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 AON

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. E. Baker

Licensed Embalmer No. 2419
P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.