

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048821

FILED VS. JAN 23 1961 149

Registration District No. 1002 Registrar's No. 6476

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
Length of stay in lb <i>59 years</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2839 Troost</i>		d. STREET ADDRESS (If outside, give location) <i>1608 E 36th</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>NATHANIEL McKINLEY SHIPMAN</i>			4. DATE OF DEATH Month Day Year <i>Dec 23 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</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>9-25-1978</i>	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Foreman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>K.C. Pub. Ser.</i>	11. BIRTHPLACE (City and state or country) <i>Saline Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>John Shipman</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Ora Shipman</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT <i>Lorena Miller, Mission Kansas</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>TN Pancreatic (acute)</i> DUE TO (b) <i>Myocardial (severe) vas.</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Dec 59 12-23-60</i>	COUNTY <i>12-23-60</i>	STATE
21. I attended the deceased from <i>4:15 P.M.</i> and last saw him alive on <i>12-23-60</i> Death occurred at <i>4:15 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE <i>George F. Clark</i> (Degree or title)	22b. ADDRESS <i>D.O. 6305 Main</i>	22c. DATE SIGNED <i>12-23-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-26-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Washington Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
24. FUNERAL DIRECTOR <i>Simon Mortuary, K.C. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12-24-60</i>	26. REGISTRAR'S SIGNATURE <i>H-S Deuyes</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Geo. F. Clark

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. De...

Licensed Embalmer No. 45

P. O. Address Kansas

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