

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004747

STATE FILE NUMBER

AMENDED

Filed vs FEB 27 1961

50

Primary Registration District No. 5179

Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Camden				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage		Length of stay in lb Years		c. CITY OR TOWN Linn Creek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lazy Days Resort				d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Olin Middle Candes Last Shipman			4. DATE OF DEATH Month Feb. Day 23 Year 1961					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Jan. 11-03		
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 1 Days 12 Hours Min. 		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker			10b. KIND OF BUSINESS OR INDUSTRY Resort		11. BIRTHPLACE (City and state or country) Camden County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME E.A. Shipman			13b. MOTHER'S MAIDEN NAME Clarissa Jane Baker			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Marines			16. SOCIAL SECURITY NO.		17. INFORMANT E.A. Shipman, Linn Creek 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) CRUSHING INJURY TO CHEST							INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) TRACTOR ACCIDENT	
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 checked="" 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.) FELL FROM TRACTOR - BENEATH WHEEL				
20c. TIME OF INJURY Hour 6:00 a.m. 2-23-61		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) LAZY DAYS RESORT		20f. CITY, TOWN, OR LOCATION OSAGE BEACH, CAMDEN, MO.		COUNTY STATE		
21. I attended the deceased from 6:00 P to 6:00 P and last saw her/him alive on Feb. 23-1961 Death occurred at 6:00 P on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE A.B. Holley M.D. (Degree or title)				22b. ADDRESS CAMDENTON, MO		22c. DATE SIGNED 2-24-61 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 26-1961		23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		23d. LOCATION (City, town, or county) Camden County, Mo.		
24. FUNERAL DIRECTOR Robert H. Reed, Camdenton Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Feb. 25-1961		26. REGISTRAR'S SIGNATURE Zilpha Inaw.		

(Licensed Embalmer's Statement on Reverse Side)

DATE PREPARED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MAR 7 1961

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 Walter P. Ridges

Licensed Embalmer No. 4265

P. O. Address Camden

* 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.