

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005159

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 35

AMENDED

FILED VS FEB 9 1 1961

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warrens</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Trenton</u>		Length of stay in lb <u>5 days</u>	c. CITY OR TOWN <u>Jamesport</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Jamesport</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>HARVEY</u> Last <u>SHIPLEY</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>15</u> Year <u>1961</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 23 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carl Source, Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>80</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HR: Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Bethany Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>A.B. Shipley</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Balar</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary E. Shipley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. INFORMANT <u>Mrs. Mary E. Shipley</u>		17. ADDRESS <u>Jamesport Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH ONLY CAUSED BY: IMMEDIATE CAUSE (a) <u>Urgina Pectoris</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>6 months</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 months</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			
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.)	
20c. TIME OF INJURY Hour <u>11:15</u> Month, Day, Year <u>Feb 15 1961</u>			
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.) <u>Feb 15th 1961, Filler 15th</u>	20f. CITY, TOWN, OR LOCATION <u>Trenton</u>	COUNTY <u>Warrens</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>Feb 15th 1961</u> to <u>Feb 15th 1961</u> and last saw her/him live on <u>Feb 15th 1961</u> Death occurred at <u>5:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Claver R. Duffey</u>		22b. ADDRESS <u>Trenton Mo</u>	22c. DATE SIGNED <u>Feb 16 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>Feb. 17-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W. E. Bethany Harrison</u>	23d. LOCATION (City, town, or county) <u>Warrens Mo.</u>
24. FUNERAL DIRECTOR <u>O. R. Robinson</u>		25. DATE RECD. BY LOCAL REG. <u>2-19-61</u>	26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAR 16 1961

MAY 8 1962

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

Robert N. Mahony

Licensed Embalmer No.

4348

P. O. Address

Jamesport

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.