

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-023158

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5613** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
4261 A. Maffitt

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Jimmie Shipp 6 13 61

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **7/4/1898** 9. AGE (last birthday) **62** 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, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Mississippi** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Casper 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. **None** 17. INFORMANT **Mr. Casper Shipp 4261 A. Maffitt Ave.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Uremia**
 DUE TO (b) **Nephrosclerosis**
 DUE TO (c) **446x**
 INTERVAL BETWEEN ONSET AND DEATH **Undet.**

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **6-11-61** to **6-13-61** and last saw her/him alive on **6-11-61**
 Death occurred at **8:10 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **2601N. Whittier** 22c. DATE SIGNED **6-13-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/16/61** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **Berkley, Missouri**

24. FUNERAL DIRECTOR ADDRESS **E. B. Searce, 1221 North Grand** 25. DATE RECD. BY LOCAL REG. **JUN 15 1961** 26. REGISTRAR'S SIGNATURE **[Signature]**

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Oliver E. Coombes, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E. Coombes
Signature of Student Embalmer

Signed McLain Blackburn
Licensed Embalmer No. 3964

P. O. Address 1221 N. Main

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.