

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007010

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 765 Primary Registration District No. 4253 Registrar's No. 2

FILED FEB 19 1962

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chilhowee</u> | | Length of stay in 1b <u>Life</u> | c. CITY OR TOWN <u>Chilhowee</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Luisa</u> Last <u>Shipman</u> | | | 4. DATE OF DEATH Month <u>Feb</u> Day <u>12</u> Year <u>1962</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</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>6/13/83</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>x</u> | 9. AGE (last birthday) <u>78</u> |
| 13a. FATHER'S NAME <u>James W Taylor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Cleland</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Oscar Shipman, Centerview, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
| DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> | | | " |
| DUE TO (c) <u>Arteriosclerosis</u> | | | " |
| 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 checked="" 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 <u>9 A.M.</u> Month, Day, Year <u>Feb. 11, 1962</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>Carpenter</u> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Chilhowee, Missouri</u> |
| 21. I attended the deceased from <u>Feb. 11, 1962</u> to <u>Feb. 12, 1962</u> and last saw her <u>her</u> alive on <u>Feb. 12, 1962</u> Death occurred at <u>9 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. N. Clarke, D.O.</u> | | 22b. ADDRESS <u>Chilhowee, Missouri</u> | 22c. DATE SIGNED <u>2/14/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2/14/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u> | 23d. LOCATION (City, town, or county) (State) <u>Chilhowee, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/14/62</u> | 26. REGISTRAR'S SIGNATURE <u>J. Cook</u> |

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

MAR 29 1963

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 _____



Licensed Embalmer No. 4335

P. O. Address Chilhowe, Md.

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.