

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007164

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 32 STATE FILE NUMBER

FILED MAR 8 1962

1. PLACE OF DEATH
 a. COUNTY MACON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA Lyda. Length of stay in 1b 4 years.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Maude MAY Shipp 2-16-1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/5/1897 9. AGE (last birthday) 65
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 0 Days 0 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 _____ 11. BIRTHPLACE (City and state or country) Bethany, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jonas M. Cline 13b. MOTHER'S MAIDEN NAME Charlotte Younger 14. NAME OF HUSBAND OR WIFE Walter F. 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. _____ 17. INFORMANT Address Josephine Shipp - Atlanta - 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) Myo Cardial Infarction
 DUE TO (b) Coronary Occlusion
 DUE TO (c) Arterio Sclerosis
 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) Diabetes - Hypertension - Myelomatosis Cerebral Hemorrhage 1960
 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 _____ Month, Day, Year _____
 a.m. _____ p.m. _____

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 Mar 27-62 to 2-16-62 and last saw her alive on 2-16-62
 Death occurred at 9:20 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. L. ... 22b. ADDRESS Atlanta Mo 22c. DATE SIGNED 2-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-19-1962 23c. NAME OF CEMETERY OR CREMATORY Mt. TABOR 23d. LOCATION (City, town, or county) (State) ATLANTA - MO

24. FUNERAL DIRECTOR ADDRESS Theo H. Gooding - Atlanta, MO 25. DATE RECD. BY LOCAL REG. 2/24/62 26. REGISTRAR'S SIGNATURE Willie McNeely

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 Thos H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo.

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.