REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10929
Do not use this space.

4-

1. PLACE OF DEATH
(a) County Howard
Registration District No. 380
(b) Township ~~New~~ Franklin
Primary Registration District No. 5530
Registered No. 6
(c) City ~~New Franklin~~
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert D Shipley 140
(a) Residence, No. Fayette R 4 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED (write the word)~~ Widow
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Julia M Shipley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1860
7. AGE YEARS 77 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Nov. 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo 0

FATHER
13. NAME Dan Shipley 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 9

MOTHER
15. MAIDEN NAME Missouri Cowden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) A. D. Shipley New Franklin Mo. R.F.D.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bethlehem to Columbia, Mo. DATE Mar 16th 1938
19. FUNERAL DIRECTOR (ADDRESS) R. O. Willett, Columbia Mo.
20. FILED 3-15- 1938 J. B. Fleet Local Registrar. Pro. Cl.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Mar. 14, 1938. I last saw him alive on Mar. 4, 1938. Death is said to have occurred on the date stated above, at 9:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocarditis with decompensation and generalized anasarca	1-15-38
cardio-vascular - Renal disease	unknown
Other contributory causes of importance: Influenza 131	Jan 5-38

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. L. Coffman, M. D.
341 (Address) Fayette, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, R. O. Wiley, Licensed Embalmer No. 3183

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

R. O. Wiley L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed R. O. Wiley

Licensed Embalmer No. 3183

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)