

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17846

State File No.

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Boone Columbia
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. D
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME Granville S. Shipec
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May, day 2nd, year 1940, hour 8, minute 0, M.
21. I hereby certify that I attended the deceased from 19 to May 2nd, 1940, that I last saw him alive on May 3rd, 1940 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mimie Shipec 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 4 - 1857
(Month) (Day) (Year)

Immediate cause of death Heart Disease (Valvular) regurgitation
Due to 97

8. AGE: Years 82 Months 11 Days 28 If less than one day 8 hr. ✓ min.

Other conditions Cerebrity
(Include pregnancy within 3 months of death)
Due to 97

9. Birthplace Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business ✓
12. Name Allen Shipec
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Maxy Brown
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Shipec
(b) Address Columbia Mo. P.O. #
17. (a) Burial (b) Date thereof 5-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo. Cem.
18. (a) Signature of funeral director Brokers. W. H. Vanderhant
(b) Address Columbia Mo.
19. (a) 5/3/40 (b) Allen Selby
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Floyd Simpson (M. D. or other) 1 mo.
Address Columbia Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. H. VanderVenter,

Licensed Embalmer No. 2494

P. O. Address Columbia, 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 this body is not embalmed, above space should be left blank.