. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 20 1945

STANDARD CERTIFICATE OF DEATH

State File No. 26735

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 602 Frisco Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community Twenty three years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 602 Frisco Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Ashel Everett Shipman

3. (b) If veteran, name war None

3. (c) Social Security No. 702-07-7454

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oma Stevens Shipman

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 12 (Day) 1902 (Year)

8. AGE: Years 43 Months 4 Days 19 If less than one day hr. min.

9. Birthplace near Sparta Christian Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Frisco R R

FATHER
12. Name Theodore Shipman
13. Birthplace Christian Co Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebeccah Jane McTeer
15. Birthplace Christian Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wesley V. Stevens
(b) Address 1775 Kimbrough Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug - 3 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation 100 F Sparta Missouri

18. (a) Signature of funeral director Callaway's
(b) Address Monett Missouri

19. (a) Aug 2-1945 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1945 hour about 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7/6/45, 19__, to 8/1/45, 19__; that I last saw him alive on 7/25/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot head suicide.

Due to Phys co-neuroses ++++ 1 yr

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 164

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Gun shot head
(b) Date of occurrence 8/1/45
(c) Where did injury occur? Monett Barry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. J. Moenninghoff (M. D. or other)
Address Monett Date signed 8/2/45

1200

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 845-976
Date Filed AUG 14 1945

MAR 18 1946

NOV 6 1946

AUG 23 1945

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Morrill 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, fact should be so stated above.