

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23219**  
**3117**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>		c. LENGTH OF STAY (In this place) <b>11 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>3233 Cleveland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b>		b. (Middle) <b>Ethel</b>		c. (Last) <b>Shipley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 29, 1887</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John W. Wade</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Hardinger</b>			14. NAME OF HUSBAND OR WIFE <b>Martin Francis Shipley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Mildred Shipley, 3233 Cleveland</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerotic Heart Disease</b> DUE TO (c) <b>Generalized Arterio-Sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Auricular Fibrillation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> <b>3 yrs</b> <b>3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May, 1948</u> , to <u>July 20, 1951</u> , that I last saw the deceased alive on <u>July 20, 1951</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leo M. Muller M.D.</b>				23b. ADDRESS <b>3548 Indiana Ave.</b>		23c. DATE SIGNED <b>7-29-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/23/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Raymore</b>		24d. LOCATION (City, town, or county) (State) <b>Raymore, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-22-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. George &amp; Sons, Cotton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed..... *A. K. George*

Licensed Embalmer No..... *3645*

P. O. Address..... *Grandview 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.