

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29578

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5131		Registrar's No. 947		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural TRENONT Twp		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural FREMONT Twp		0110		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 mi East of Agency Mo				d. STREET ADDRESS (If rural, give location) 5 mi East of Agency Mo				
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA		b. (Middle) M.		c. (Last) SHIPPS		4. DATE OF DEATH (Month) (Day) (Year) SEPT 14 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 27 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grundy Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WILLIAM VATES		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Thomas S. Shipp (Deceased)				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy M. Shipp AGENCY MO				
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) myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) general arteriosclerosis DUE TO (c) 4500 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE					INTERVAL BETWEEN ONSET AND DEATH 4 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Buchanan Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No injury				
22. I hereby certify that I attended the deceased from Oct 1947 to Sept 14, 1951 that I last saw the deceased alive on Sept 8, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Sam Melegney M.D.				23b. ADDRESS 1314 Park Street Buchanan Mo		23c. DATE SIGNED 9/14/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept 16 1951		24c. NAME OF CEMETERY OR CREMATORY Zoar Semetery		24d. LOCATION (City, town, or county) (State) PAINSVILLE MO		
DATE REC'D BY LOCAL REG. 9-14-51		REGISTRAR'S SIGNATURE Carl C. Casper		25. FULL NAME, ADDRESS AND SIGNATURE OF EMBALMER John G. ... Painsville Mo				

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 _____

Eddie J. Stoklarski

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Eddie J. Stoklarski

Licensed Embalmer No. 3602

P. O. Address Quincyville 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.