

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38247

State File No. ....

FILED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 5834 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 0730</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>MARION TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARION TWP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FLICE</u> c. (Last) <u>SHIMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 21. 1951</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 30, 1865</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>WILLIAM BERKLEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY McINTosh</u>			14. NAME OF HUSBAND OR WIFE <u>PAUL W. SHIMP Neosho Mo</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>241X</u>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage of lungs.</u> DUE TO (c) <u>Asthma.</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)		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 4:00 pm, to Nov 21, 1951, that I last saw the deceased alive on Nov 10, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Adams M.D.</u>		23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>11.24.51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON CO. MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 24-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osley Thompson</u>		ADDRESS <u>Neosho Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730  
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT  
District File Number 1251-373  
Date Filed December 3-1951

NEOSHO, MISSOURI

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 Carley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.