

FILED MAY 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19050

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOREHOUSE 1720	
c. LENGTH OF STAY (In this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) ARTHUR	c. (Last) SHIPMAN	4. DATE OF DEATH (Month) (Day) (Year) MAY 2, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 12, 1882	9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HR. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME U. D. SHIPMAN	13b. MOTHER'S MAIDEN NAME NETTIE DANIELS	14. NAME OF HUSBAND OR WIFE NETTIE DANIELS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME W. A. SHIPMAN	ADDRESS MOREHOUSE, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5y 0m
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	MEDICAL CERTIFICATION		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-2, 1952, to 5-2, 1952, that I last saw the deceased alive on 5-2, 1952, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. M. Jones	23b. ADDRESS Morehouse Mo.	23c. DATE SIGNED 5-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/4/52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, MO
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DATE REC'D BY LOCAL REG. 5-18-52	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	HEALTH DEPARTMENT DIRECTOR'S SIGNATURE Harry Jones	ADDRESS Sikeston Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1003

RECEIVED 5/19/52
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 552-144

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 _____

John Alleton

Signed.....
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Keaton

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.