No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5252

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3122 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (in this place): 39YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 822 WEST BROA DWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
d. STREET ADDRESS (If rural, give location): 822 WEST BROADWAY

0492

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): ANN
c. (Last): DALTON

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 18, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 3, 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): SPARTA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ABRAHAM SHIPMAN
13b. MOTHER'S MAIDEN NAME: NANCY MITCHELL
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): IND
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. J.H. MEDLIN FT SCOTT, KANSAS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Intestinal obstruction — 5 days.
DUE TO (c): Possible carcinoma — Cannot state

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Artherosclerosis & senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/14, 1954, *to* 2/18, 1954 *that I last saw the deceased alive on* 2/18, 1954 *and that death occurred at* 7:40AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Van Wells-Lee DO
23b. ADDRESS: 924 W. Daugherty, Webb City
23c. DATE SIGNED: 2/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 20, 1954
24c. NAME OF CEMETERY OR CREMATORY: WEAVER CEMETERY.
24d. LOCATION (City, town, or county) (State): JASPER COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.: 2-20-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Swatzer 474-9
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEDGE LEWIS WEBB CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 23 1954
Jasper County Health Office
County File Number 54-2-155
Date Filed FEB 23 1954

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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.