

FILED JUL 7 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **20081**
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 183

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. FRANCOIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNETERRE HOSPITAL</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institutional residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> c. CITY OR TOWN <u>BONNETERRE</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>126 MAIN ST. 694<sup>th</sup></u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MADGE</u> b. (Middle) <u>SHIPMAN</u> c. (Last) <u>BRIGGS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JUNE 27, 1954</u>		
<b>5. SEX</b> <u>FEMALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	
<b>8. DATE OF BIRTH</b> <u>DEC. 17, 1883</u>		<b>9. AGE</b> (In years last birthday) <u>70</u>		<b>10. MONTHS</b> <u>6</u> <b>DAYS</b> <u>10</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Y</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>BELLEVILLE Mo</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					

<b>13a. FATHER'S NAME</b> <u>GEORGE W SHIPMAN</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY HENDERSON</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>CHARLES H BRIGGS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) (If yes, give year or date of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>CHARLES H. BRIGGS</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Infarction of myocardia</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 days</u>  <u>7 days</u>  <u>20 yrs. plus</u>

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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>4201</u>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  <u>Bonne Terre, Missouri</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 6-18, 1954, to 6-27, 1954, that I last saw the deceased alive on 6-27, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Jack W. Muller M.D.</u>		<b>23b. ADDRESS</b> <u>Bonne Terre, Missouri</u>		<b>23c. DATE SIGNED</b> <u>6-29-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>		<b>24b. DATE</b> <u>JUNE 30, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MARIONVILLE</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mo</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>JUNE 29, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Ether Redford</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Benson &amp; Co. Bonne Terre Mo</u>
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(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *C. J. Claywell*.....  
Licensed Embalmer No. *370*

P. O. Address *Bonnet*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.