

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31551

State File No. ....

REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 42

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6064</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osceola</u>			c. LENGTH OF STAY (in this place) <u>4 Month</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osceola Township</u>				e. STREET ADDRESS (If rural, give location) <u>4514 Park</u> <u>31081</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ross</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Shipp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug; 29, 1954</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb; 26, 1880</u>		9. AGE (in years last birthday) <u>74</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patrolman</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Monett Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Fred M. Shipp</u>			13b. MOTHER'S MAIDEN NAME <u>Vina McCintire</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Truman O. Shipp, Kansas Missouri</u>			
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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	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cerebral apoplexy</u>				<u>Markman</u> <u>4y pro v-10hrs.</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Nephrosclerosis</u>					
				DUE TO (c) <u>Alcoholism</u>					
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Smitz</u> <u>3222</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Spont death in bed, due to natural causes.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Clair</u> <u>St. Clair</u> <u>Mo.</u>	
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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?	
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22. I hereby certify that I attended the deceased from 8-30, 1954, to 8-30, 1954, that I last saw the deceased alive on 8-30, and that death occurred at 11:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.E. Turner D.O.</u>		23b. ADDRESS <u>Osceola Mo.</u>		23c. DATE SIGNED <u>8-31-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>James Lee</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-16-54</u>		REGISTRAR'S SIGNATURE <u>Ruth Seewer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. ...</u>		ADDRESS <u>Osceola Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0930

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 *J. B. Goodrich*

Licensed Embalmer No. *303*

P. O. Address *Osceola*

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.