

FILED NOV 9 1954
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STANDARD CERTIFICATE OF DEATH

State File No. **32928**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **179**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Loutre	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If rural, give location) 2 1/2 Miles S. W. Martinsburg	

3. NAME OF DECEASED (Type or Print)	a. (First) ELVIA	b. (Middle) BERNIECE	c. (Last) SHIPP	4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16 1908	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 8 Days 15	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) House wife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Belgrade, Washington, Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Edward Maxwell	13b. MOTHER'S MAIDEN NAME Addie Stuart	14. NAME OF HUSBAND OR WIFE Noah Shipp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Noah Shipp	ADDRESS Martinsburg 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fallopian embolism			1 hour
	ANTECEDENT CAUSES DUE TO (b) Severe shock			12 hrs
DUE TO (c) Multiple fractures Postural deform		12 hrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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 (Specify) Auto	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) East of Mexico Mo	21c. CITY, TOWN, OR TOWNSHIP Mexico (COUNTY) Audrain (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 30 1954 6 P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Automobile accident
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22. I hereby certify that I attended the deceased from **Oct 30, 1954**, to **Oct 31, 1954**, that I last saw the deceased alive on **Oct 31, 1954**, and that death occurred at **3:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Benjamin T. Jolly MD (Degree or title)	23b. ADDRESS 112 N. Clark Mexico Mo	23c. DATE SIGNED 11/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/2/54	24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
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DATE REC'D BY LOCAL REG. Nov 2-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE T B Wells ADDRESS Wellsville Mo
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THIS IS A PERMANENT RECORD

ADD - E VON 2110
1912

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 *B.B. Kelly*

Licensed Embalmer No. *1588*

P. O. Address *Kellerville*

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.