

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15029

State File No. ....

BIRTH NO. 62151-55 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5308 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Cooper</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 OR TOWN <u>Rural Blackwater Twp</u> )		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>634 Garfield 24, Mo. 317 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Up in Loss Walton Highway 140</u>			

3. NAME OF DECEASED (Type or Print) <u>Theresa Shipp</u>			4. DATE OF DEATH <u>June 2, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>Theresa</u>		<u>Shipp</u>	<u>June</u>	<u>2</u>	<u>1955</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 20, 1954</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u>12</u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Earnest Shipp</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Simmons Shipp</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earnest Shipp</u> ADDRESS <u>Kansas City, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fracture skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Violence</u> DUE TO (c) <u>Auto wreck</u>		
	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 SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40.</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Blackwater Twp</u> (COUNTY) <u>Cooper</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6</u> <u>2</u> <u>1955</u> <u>9:30</u> p.m.	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto wreck</u>
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22. I hereby certify that I attended the deceased from no attempt made, 1955, that I last saw the deceased alive on 6/3/55, 1955, and that death occurred 6/3/55 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Deedraeger M.D.</u> (Degree or title)	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>6/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (specify) <u>Buried</u>	24b. DATE <u>6/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/3/55</u>	REGISTRAR'S SIGNATURE <u>D. Deedraeger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman &amp; Baker</u> ADDRESS <u>Boonville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

270

JUL 21 1956

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..... *William W. Wood* .....

Licensed Embalmer No. *45* .....

P. O. Address *Bromfield, T.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.