

FILED APR 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 6696
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
c. CITY OR TOWN Moscow MILLS <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN EOLIA	
c. LENGTH OF STAY (in this place) 1 YEAR		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF HOSPITAL OR INSTITUTION WELLS NURSING HOME			
e. STREET ADDRESS (If rural, give location) 0826			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) TECUMSEH	c. (Last) SHIPP	4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT 18, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) FAYNESVILLE, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BENJAMIN B. SHIPP	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NETTA E. SHIPP (DECEASED)
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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 Bill Shipp - Eolia, Mo.	ADDRESS
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b) _____		
<small>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>	DUE TO (c) _____		
	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/10/56**, 19**56**, to **3/2**, 19**56**, that I last saw the deceased alive on **3/2/56**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Church	23b. ADDRESS Tracy, Mo	23c. DATE SIGNED 4-7-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-27-56	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM	24d. LOCATION (City, town, or county) (State) CLARKSVILLE, Mo
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DATE REC'D BY LOCAL REG 4-7-1956	REGISTRAR'S SIGNATURE Emm B. Riddle	25. GENERAL DIRECTOR'S SIGNATURE Geo. M. Collier, Louisiana	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

162-0

VNO:

MAY 27 1951

MAY 27 1951

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..... Geo. M. Callier

Licensed Embalmer No. 383

P. O. Address Louisiana

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.