

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 12 1958

State File No. **20283**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 202A		Registrar's No. 94							
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo				b. COUNTY Grundy					
b. CITY OR TOWN Trenton		c. LENGTH OF STAY (in this place) 1 wk		c. CITY OR TOWN Trenton		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 Ashbrook Nursing Home				e. STREET ADDRESS (If rural, give location) 1104 Wiggins				040-0					
3. NAME OF DECEASED a. (First) WILLIAM COLUMBUS			b. (Middle) SHIPLEY			c. (Last) SHIPLEY			4. DATE OF DEATH (Month) (Day) (Year) 6-15-56				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-9-1877		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME W Shipley			13b. MOTHER'S MAIDEN NAME Marilla Gunn			14. NAME OF HUSBAND OR WIFE Rosetta Wolfe Shipley							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. 487-34-8670			17. INFORMANT'S SIGNATURE OR NAME Mrs Rosetta Shipley			ADDRESS Trenton Mo				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 weeks					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis									
				DUE TO (c)									
				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 332x						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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)								
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?					
22. I hereby certify that I attended the deceased from June 1, 1956 to June 15, 1956 , that I last saw the deceased alive on June 1, 1956 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.													
23a. SIGNATURE [Signature] (Degree or title) MD					23b. ADDRESS [Address]			23c. DATE SIGNED [Date]					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-18-1956		24c. NAME OF CEMETERY OR CREMATORY Humphrey Cem.			24d. LOCATION (City, town, or county) (State) Humphrey Mo						
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]								

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..... *P. R. Payne Jr.*

Licensed Embalmer No. *340*

P. O. Address *Galt*

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