

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21355

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON</u>	
c. LENGTH OF STAY (In this place) <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MOSS</u> c. (Last) <u>SHIPMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>25</u> <u>'56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-17-1871</u>		9. AGE (In years last birthday) <u>85</u> 10. MONTHS <u>4</u> 11. DAYS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>GEORGE W. SHIPMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE BUNCH</u>		14. NAME OF HUSBAND OR WIFE <u>TRACY J. SHIPMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE SHIPMAN</u> ADDRESS <u>ALTON, MO</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Penumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney abcess</u>		
	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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>490X</u>	
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 April, 1956, to June 25, 1956, that I last saw the deceased alive on June 15 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Phillip Fox</u>	23b. ADDRESS <u>Alton Mo</u>	23c. DATE SIGNED <u>7/4/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burdley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Burdley Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 7-56</u>	REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>	5. GENERAL DIRECTOR'S SIGNATURE <u>John D. Clay</u> ADDRESS <u>Alton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

John D. Clary

Licensed Embalmer No. 4475

P. O. Address Rt. 398 Alton Mo

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.