

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3945

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5177 Registrar's No. 5

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| 1. PLACE OF DEATH a. COUNTY <u>Camden</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u> | |
| b. CITY OR TOWN <u>Rural Jackson Township</u> | | c. CITY OR TOWN <u>Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | e. STREET ADDRESS (If rural, give location) <u>Linn Creek Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Creek</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Viola</u> c. (Last) <u>Shipman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 - 1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>July 24 - 1875</u> | 9. AGE (in years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John K Wallis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Woolley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry E Shipman</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bertha Winfrey Linn Creek 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 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>163x</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 6:10, 1956, to 2:22, 1957, that I last saw the deceased alive on 2:20, 1957, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title) | | 23b. ADDRESS <u>Waller, Mo.</u> | | 23c. DATE SIGNED <u>2-23-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Feb 24 - 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u> | | | | | |

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| DATE REC'D BY LOCAL REG. <u>Feb 26, 1957</u> | | REGISTRAR'S SIGNATURE <u>Gilpha J. Draw</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banks-Woolley Funeral Home Camden Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42

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..... *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address... *Camden, N.J.*

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.