

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1957

State File No. 11995

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>HUDRIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HUDRIN</u>	
b. CITY OR TOWN <u>MEXICO</u>		c. CITY OR TOWN <u>MARTINSBURG</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HUDRIN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL 3 MILES WEST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>MONROE</u> c. (Last) <u>SHIPP</u>			4. DATE OF DEATH <u>APR 12 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED - NEVER MARRIED, WIDOWED, <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-15-876</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u> IF UNDER 1 MRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during working life even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				

13. FATHER'S NAME <u>YACZY SHIPP</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TOENGER</u>		14. NAME OF HUSBAND OR WIFE <u>DECD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, under unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Yaczy Shipp</u> ADDRESS <u>Martinsburg Mo</u>	

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) <u>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Failure</u>		<u>1 yr</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u>		<u>10 yrs</u>	
		DUE TO (c) <u>Genitival Infection</u>		<u>10 yrs</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	

22. I hereby certify that I attended the deceased from July, 1955 to Feb, 1957 that I last saw the deceased alive on 4-12, 1957 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Davis</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2095 Jackson Heights</u>		23c. DATE SIGNED <u>4-12-57</u>	
24a. BURIAL, CREMATION OR OTHER (Specify) <u>-</u>		24b. DATE <u>4-14-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial</u>	
		24d. LOCATION (City, town, or county) (State) <u>Mexico - Mo.</u>			

DATE REC'D BY LOCAL REG. <u>4-14-57</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Funeral Home</u> ADDRESS <u>WELLSVILLE MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-0

MAY 13 1967

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 *Richard J. St. Germain*

Licensed Embalmer No. *4925*

P. O. Address *Madison, Wis*

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.