

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 *Std. File No.* 7813

72

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Bedford Twp		c. LENGTH OF STAY (in this place) 15 min.		c. CITY OR TOWN Moscow Mills		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp				e. STREET ADDRESS (If rural, give location) No Street Address			
3. NAME OF DECEASED (Type or Print) a. (First) Hettie b. (Middle) None c. (Last) Shipp			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1957				
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 13, 1881	
9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charley Clark		13b. MOTHER'S MAIDEN NAME Chaney Ross		14. NAME OF HUSBAND OR WIFE Anthony Shipp	
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 ADDRESS Beulah Shelton, Troy, Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Coronary occlusion</i> ANTECEDENT CAUSES <i>arterio-sclerotic heart disease</i> 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.				INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i> <i>5 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <i>2</i> 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)		4200	
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 <i>ops?</i> <i>52</i> , to <i>May 20</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>May 20</i> , 19 <i>57</i> , and that death occurred at <i>11:30 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. F. Kelly</i>			(Degree or title) D.O. <i>2</i>		23b. ADDRESS Troy, Missouri		23c. DATE SIGNED 5/22/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/26/57	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri		
DATE REC'D BY LOCAL REG. <i>6-8-57</i>		REGISTRAR'S SIGNATURE <i>Emma B. Riddle</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper-Marsh Funeral Home Troy, Mo.		

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

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 *Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.