

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4076

STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 4

Health,
Welfare
Public
Service

300
1-56

Use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall, Mo.		c. CITY OR TOWN Rural	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS 4 1/2 Mi. West of Shackelford, Mo.	
3. NAME OF DECEASED (Type or print) First Prentice Middle Fulton Last Chipley		4. DATE OF DEATH Month Jan. Day 9 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Operated own farm.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13. FATHER'S NAME Franklin K. Chipley		14. MOTHER'S MAIDEN NAME Mary Susan Austin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. 489-10-3839	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure, Intoxicated DUE TO (b) Hypertensive Cardiovascular Dis DUE TO (c) Azotemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Azotemia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22c. DATE SIGNED 1/11/58	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443X	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 443X	
20e. CITY, TOWN, OR LOCATION Shackelford		20f. COUNTY Mo.	
20g. STATE Mo.		21. I attended the deceased from Sept 1955 to Jan 9, 1958 and last saw her alive on Jan 9, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) Marvin E. Roche M.D.		22b. ADDRESS Marshall, Mo	
23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE Jan. 12 1958	
23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.		23d. LOCATION (City, town, or county) (State) Shackelford Mo	
24. FUNERAL DIRECTOR J. Leslie Sweeney-Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 1-11-58	
26. REGISTRAR'S SIGNATURE Cecil G. Lead			

JAN 28 1958
JAN 29 1958

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 *William Trees*

Licensed Embalmer No. *47*

P. O. Address *Mask*

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