

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017929

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Grundy</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Trenton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Trenton</i> <i>04028</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cullen Hospital</i>		Length of stay in lb <i>10 da.</i>	d. STREET ADDRESS (If outside, give location) <i>1104 Wiggins</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>DORA ROSETTA SHIPLEY</i>			4. DATE OF DEATH Month Day Year <i>5-20-58</i>
5. SEX <i>f</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-9-1874</i>
9. AGE (In years last birthday) <i>83</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Sullivan Co Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Isaac H Wolf</i>	
13b. MOTHER'S MAIDEN NAME <i>Clara Broyles</i>		14. NAME OF HUSBAND OR WIFE <i>W C Shipley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>✓</i>		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT <i>Miss Ruth Annick Middletown Del.</i>		Address.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Traumatism</i> DUE TO (c) <i>9040 21</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Pottery fell &amp; struck head on way home</i>	
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.) <i>Home</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>040 COUNTY STATE</i>	
21. I attended the deceased from Death occurred at <i>May 9 58</i> to <i>May 20 58</i> and last saw her alive on <i>May 20 58</i> <i>5-30</i> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. J. Payne MD</i> (Degree or title)		22b. ADDRESS <i>Trenton, Mo</i>	
22c. DATE SIGNED <i>5/21/58</i>		22d. ADDRESS <i>Trenton, Mo</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-23-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Humphrey Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Humphrey Mo</i>
24. FUNERAL DIRECTOR <i>Dr Payne San Salt Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>5-23-58</i>	26. REGISTRAR'S SIGNATURE <i>J. J. Payne</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ..... 

Licensed Embalmer No. 33400

P. O. Address Salt

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.