

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027942

FILED VS. JUL 29 1959 *366*

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *59*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harmony Township		Length of stay in 1b 1 day		c. CITY OR TOWN Belgrade		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Quaker			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 mi. N. of Belgrade		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First BOBBIE Middle LOUISE Last SHIPP				4. DATE OF DEATH Month July Day 18 Year 1959									
5. SEX fem		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25 1941		9. AGE (last birthday) 17		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school girl				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Belgrade Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME William Shipp				13b. MOTHER'S MAIDEN NAME Golda Baker				14. NAME OF HUSBAND OR WIFE ##					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. no		17. INFORMANT William Shipp, Potosi Mo. Rt. # 1 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) Subdural Membrane, brain concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.] DUE TO (b) being beaten with a shot gun DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART. II of item 18.)									
20c. TIME OF INJURY Hour 5:00 a.m. _____ p.m. _____ Month, Day, Year 7-18-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 5:00 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) D.L. Gibson D.C. Conrath				22b. ADDRESS Potosi, Mo.				22c. DATE SIGNED 7-19-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-21-59		23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery				23d. LOCATION (City, town, or county) (State) Caledonia Mo.					
24. FUNERAL DIRECTOR'S ADDRESS White Funeral Home, Ironton Mo.				25. DATE REGD. BY LOCAL REG 7/22/59				26. REGISTRAR'S SIGNATURE Arbuthnot Rudall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lucy J. White

Licensed Embalmer No. 3012

P. O. Address Smiths River

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.