

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032758

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 2035 Registrar's No. 76

FILED AUG 29 1963

VS.300
Rev. 4/59

10542

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived... If institution - Residence - before admission) a. STATE <u>Missouri</u> COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>New Bloomfield</u>	
Length of stay in 1b <u>two wks.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>unstable</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>SADIE FRANCES SHIPMAN</u>			4. DATE OF DEATH Month Day Year <u>August 23 1963</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>September 21 1897</u>
9. AGE (last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if <u>100%</u>) <u>Homemaker & Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory & Homemaking</u>	
11. BIRTHPLACE (City and state or country). <u>Eugene, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James W. Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Evans</u>	
14. NAME OF HUSBAND OR WIFE <u>Daniel Elmer Shipman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>57</u>	
17. INFORMANT <u>Mr. David Shipman</u>		Address <u>Lexington, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left pulmonary abscess and empyemae</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Recent resection of left lung for Ca. Marked emaciation</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>8-9-63</u> to <u>8-23-63</u> and last saw her/him alive on <u>8-23-63</u> Death occurred at <u>2:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ben H Brasher M.D.</u>		22b. ADDRESS <u>Lexington, Missouri</u>	
22c. DATE SIGNED <u>8-26-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-25-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u>
24. FUNERAL DIRECTOR <u>Claypool</u>		ADDRESS <u>New Bloomfield, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8-24-63</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 4 1963

Permit received 24 Aug 1963

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 *Paul H. Wilson*

Licensed Embalmer No. 5192

P. O. Address *Lexington, Mo.*

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.