

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-041287

RECORDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 138

STATE FILE NUMBER

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>PIKE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u> | | Length of stay in lb <u>30 YRS</u> | | c. CITY OR TOWN <u>LOUISIANA</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE CO HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>915 S. CAROLINA</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>HUGH. McCRACKEN SHIPLEY</u> | | | | 4. DATE OF DEATH Month Day Year <u>NOV. 15 1959</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>06-22-1879</u> | |
| 9. AGE (last birthday) <u>79</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 11. BIRTHPLACE (City and state or country) <u>DRAKE ILL</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>NEWTON SHIPLEY</u> | | 13b. MOTHER'S MAIDEN NAME <u>ALICE DOYLE</u> | | 14. NAME OF HUSBAND OR WIFE <u>TRA LEE SHIPLEY</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>458-24-9063</u> | | 17. INFORMANT <u>JUAN LEO SHIPLEY</u> | | Address <u>LOUISIANA 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>Cerebral Embolism</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | DUE TO (b) <u>Congestive Heart Disease</u> <u>Unknown</u> | | | |
| | | | | DUE TO (c) <u>Hypertension</u> <u>Unknown</u> | | | |
| 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 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 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>Nov 14, 1959</u> to <u>Nov 15, 1959</u> and last saw her alive on <u>Nov 15, 1959</u> Death occurred at <u>3:55</u> A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>David A. Blegen D.O.</u> | | Degree or title | | 22b. ADDRESS <u>Louisiana Mo.</u> | | 22c. DATE SIGNED <u>Nov 16, 1959</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>NOV 18, 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM</u> | | 23d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO</u> | |
| 24. FUNERAL DIRECTOR <u>COZZIO FUNERAL SERVICE</u> | | ADDRESS <u>LOUISIANA MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>Nov 18, 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Dernice Callier</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(and Embelmer's Statement on Reverse Side)

DEC 28 1950

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

Geo. M. Callier

Licensed Embalmer No.

3839

P. O. Address

Louisiana

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.