

DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42838**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10364**

**1. PLACE OF DEATH**  
a. COUNTY **St. Louis**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Barnes Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Oregon**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Thayer**  
d. STREET ADDRESS (If rural, give location) **0750**

**3. NAME OF DECEASED**  
a. (First) **HENRY** b. (Middle) **EVERETT** c. (Last) **SHIPP**  
4. DATE OF DEATH (Month) (Day) (Year) **12 4 50**

**5. SEX** **male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **married**  
**8. DATE OF BIRTH** **Jan. 31, 1892** **9. AGE (In years last birthday)** **58** **IF UNDER 1 YEAR** Months Days **IF UNDER 1 HR.** Hours Mins.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Lumberyard Owner** **10b. KIND OF BUSINESS OR INDUSTRY** **Lumber** **11. BIRTHPLACE (State or foreign country)** **Raymondsville, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Sherman Shipp** **13b. MOTHER'S MAIDEN NAME** **Lenna Page** **14. NAME OF HUSBAND OR WIFE** **Bertha Shipp**

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) **no** **16. SOCIAL SECURITY NO.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Ronald O. Shipp, Thayer, Missouri** **ADDRESS**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Duodenal ulcer**  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (c)**  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH** **2-3 Yrs**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **57H.O.**

**22. I hereby certify that I attended the deceased from** **11-17**, 19**50**, to **12-4**, 19**50**, that I last saw the deceased alive on **12-4**, 19**50**, and that death occurred at **2:25p m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **John B. Shapleigh M.D.** **23b. ADDRESS** **Barnes Hospital** **23c. DATE SIGNED** **12/4/50**

**24. BURIAL, CREMATION, REMOVAL (Specify)** **Remove** **24b. DATE** **12-4-50** **24c. NAME OF CEMETERY OR CREMATORY** **City** **24d. LOCATION (City, town, or county) (State)** **Raymondsville, Missouri**

**DATE REC'D BY LOCAL REG.** **DEC 5 1950** **REGISTRAR'S SIGNATURE** **J. B. Lasater** **25. FUNERAL DIRECTOR'S SIGNATURE** **Albert H. Hoppe** **ADDRESS** **4700 Washington**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Wm. Binkley*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3663*

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**