

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21228**

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 493 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give town) Hermann	c. LENGTH OF STAY (In this place) 18 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Hermann D370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 W. Seventh		d. STREET ADDRESS (If rural, give location) 406 W. Seventh	

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) BLANTON c. (Last) SHIPP	4. DATE OF DEATH (Month) (Day) (Year) April 12 1953
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5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Benjamin B. Shipp	13b. MOTHER'S MAIDEN NAME Louisa Sitton	14. NAME OF HUSBAND OR WIFE Clara Shipp
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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'S SIGNATURE OR NAME Mrs. Clara Shipp, Hermann, Mo	ADDRESS Hermann, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH 40 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		11/29/52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General debility DUE TO (c) Viral pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 492x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/21/51, 1951, to 4/12/53, 1953, that I last saw the deceased alive on 4/11/53, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) W. G. Jeter, M.D.	23b. ADDRESS Hermann, Mo.	23c. DATE SIGNED 4/13/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/53	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE RECD BY LOCAL REG. JUN 22 1953	REGISTRAR'S SIGNATURE Chas. H. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Hugh St. Dennis	ADDRESS Hermann, Mo
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FILED JUN 22 1953

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
Student Embalmer

Signed.....

August D. Blinn
Licensed Embalmer No. 3160

P. O. Address Hermann, 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 this body is not embalmed, fact should be so stated above.