

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7170

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANDALIA</u>		c. LENGTH OF STAY (in this place) <u>1 YEAR 11 MONTHS</u>		c. CITY OR TOWN <u>VANDALIA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>302 WEST UNION</u>				e. STREET ADDRESS (If rural, give location) <u>302 WEST UNION</u> 00410			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENEDICT</u> b. (Middle) _____ c. (Last) <u>SHINN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28, 1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3-20-1888</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>0</u> DAYS <u>8</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LADDONIA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FLOUR MILLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vandalia Mills</u>					
13a. FATHER'S NAME <u>LAWRENCE SHINN</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE SMITH</u>			14. NAME OF HUSBAND OR WIFE <u>MARY WILLIAMS SHINN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>444-01-7042</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KENNETH SHINN LADDONIA, MISSOURI</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of large intestines with metastasis to liver & lungs</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 YRS.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____					
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) <u>153 X</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>3-27</u> , 1955, to <u>3-28</u> , 1955, that I last saw the deceased alive on <u>3-27</u> , 1955, and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William W. Jones</u> (Degree or title) <u>P.O. Laddonia</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>3-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VANDALIA, MISSOURI</u>	
DATE RECD BY LOCAL REG <u>March 29 1955</u>		REGISTRAR'S SIGNATURE <u>Mallico Fugua</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Ginproff, Laddonia, Mo</u>			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clyde C. Wilkey*

Licensed Embalmer No. *38*

P. O. Address..... *Perry*

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.