

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022495

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <i>Linn</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Brookfield</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>208 Grant St.</i>			Length of stay in lb <i>7 weeks</i>		d. STREET ADDRESS (If outside, give location) <i>Drantsville Township</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <i>George Thomas Shiplett</i>				4. DATE OF DEATH <i>July 5, 1958</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>October 3, 1878</i>		9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>2</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (City and state or country) <i>Drantsville Township, Brookfield, Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>				
13. FATHER'S NAME <i>Anthony H. Shiplett</i>						14. MOTHER'S MAIDEN NAME <i>Margaret Hines</i>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>				16. SOCIAL SECURITY NO. <i>494-44-0689</i>		17. INFORMANT <i>Geil Shiplett, Brookfield, Missouri</i>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic nephritis</i> <i>Hypertension</i> <i>Atherosclerosis</i> 592X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Frosted</i>												INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>10 yrs</i> <i>10 yrs</i>	
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 <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>													
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 <i>1950</i> to <i>7-5-58</i> and last saw ^{NOT} him alive on <i>7-5-58</i> Death occurred at <i></i> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>W B Simpson MD</i> (Degree or title)						22b. ADDRESS <i>Brookfield Mo</i>			22c. DATE SIGNED <i>7-6-58</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 7, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant View Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Linn County, Missouri</i>						
24. FUNERAL DIRECTOR <i>Hill Funeral Home, Brookfield, Mo.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>7-7-58</i>		26. REGISTRAR'S SIGNATURE <i>Katharine Johnson</i>							

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Services 300 1-56 1
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
16-7 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gerald F. Wad*.....

Licensed Embalmer No. *41*.....

P. O. Address *Crown*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (P
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.