

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8756**
Registrar's No. **3**

FILED APR 5 1955

BIRTH NO. _____ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **4301**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn c. CITY OR TOWN Meadville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meadville		c. LENGTH OF STAY (In this place) 66 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) BENJAMIN	b. (Middle) CLARK	c. (Last) SHIFLETT	4. DATE OF DEATH (Month) (Day) (Year) March 29, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8 September 1881	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MO. Hours	# UNDER 1 MO. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Circleville, Ohio	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME David G. Shiflett	13b. MOTHER'S MAIDEN NAME Mary Timmons	14. NAME OF HUSBAND OR WIFE Shophia D. Shiflett
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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. None	17. INFORMANT'S SIGNATURE OR NAME W. H. Shiflett; Meadville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c)		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **1950**, to **March 29, 1955**, that I last saw the deceased alive on **March 29, 1955**, and that death occurred at **2:05 Pm.**, from the causes and on the date stated above.

22a. SIGNATURE Joseph F. Gale (Degree or title) M.D.	22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED 3-30-55
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-55	23c. NAME OF CEMETERY OR CREMATORY Meadville	23d. LOCATION (City, town, or county) (State) Meadville Missouri
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DATE REC'D BY LOCAL REG. Apr. 1-1955	REGISTRAR'S SIGNATURE Chris A. Martens 1690	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI

APR 29 1958

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.