

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43868

State File No. _____

318

1003

Registrar's No. 10762

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4505 a W. Easton Ave.				e. STREET ADDRESS (If rural, give location) 4505 a W. Easton Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence			b. (Middle) J.		c. (Last) Shipton		4. DATE OF DEATH (Month) (Day) (Year) 11 24 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 1, 1874		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Olin, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Shipton			13b. MOTHER'S MAIDEN NAME Mary Harman		14. NAME OF HUSBAND OR WIFE Lissa Shipton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lissa Shipton 4505A W. Easton			
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) Acute Left Ventricular Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. stomach with metastases to liver. 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 Sudden
19a. DATE OF OPERATION 3-13-56	19b. MAJOR FINDINGS OF OPERATION Carcinoma involving all of pyloric end of stomach with metastases					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 151st _____			
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 Feb. 10, 1956 , to Nov 24, 1956 , that I last saw the deceased alive on 11-24-56 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE G. W. Snyder			(Degree or title) M.D.		23b. ADDRESS 705 Olin St.		23c. DATE SIGNED 11-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/27/56	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. NOV 26 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union	

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

m. B. B.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Snyder
705 Olive St.

Until 5:00 PM 11/24

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 *Warren A. Carver*

Licensed Embalmer No. 35

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.