

FILED FEB 10 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. **120** Primary Registration District No. **4199** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McFall		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN McFall		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in lb 39 yrs	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Benjamin Middle Riley Last Shipers			4. DATE OF DEATH Month Feb. Day 1 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH December 13, 1880		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section hand		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad		11. BIRTHPLACE (City and state or country) Gentry County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benjamin Riley Shipers, Sr.		13b. MOTHER'S MAIDEN NAME Louisa Morgan		14. NAME OF HUSBAND OR WIFE Pearl Kate Shipers	
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. 702-02-7012		17. INFORMANT Address Mrs. Pearl Kate Shipers, McFall, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus					INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 260X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic Hypertrophy with urine retention					19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK		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 1-25-58 to 1-31-58 and last saw him alive on 1/31/58 Death occurred at 2:00 PM, 2-1-58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. Baumgardner, MD		(Degree or title) 2		22b. ADDRESS Pattonburg, Mo.	
22c. DATE SIGNED 2/4/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-6-58		23c. NAME OF CEMETERY OR CREMATORY McFall Cemetery	
23d. LOCATION (City, town, or county) McFall, Missouri					
24. FUNERAL DIRECTOR Louis Quert		ADDRESS Pattonburg, Mo.		25. DATE RECD. BY LOCAL REG. 2-6-58	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare					

FEB 13 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
Signature of Student Embalmer

Signed *Louis Zwert*

Licensed Embalmer No. *4096*

P. O. Address *Pattonburg*

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.