Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035197
STATE FILE NUMBER

FILED SEP 26 1958 Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sikeston — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): at home — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Sikeston — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First AUBREY Middle CAMERON Last SHIPMAN
4. DATE OF DEATH: Month Sept. Day 15 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar 18, 1892
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: dry goods
11. BIRTHPLACE (City and state or country): Stoddard County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Lafayette N. Shipman
13b. MOTHER'S MAIDEN NAME: Alice Jones
14. NAME OF HUSBAND OR WIFE: Edith Schatz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Don't Know
17. INFORMANT: Mrs Edith Shipman — Address: Sikeston Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Vascular Disease — 1 hour
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Sept 15, 58, to Sept 15, 58 and last saw him alive on Sept 15, 1958
Death occurred at 9:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. D. Howell (Degree or title) D.O.
22b. ADDRESS: Farmington, Missouri
22c. DATE SIGNED: 9-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/17/58
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri
24. FUNERAL DIRECTOR: Bieplinghoff Funeral Home — ADDRESS: Delmar Mo
25. DATE RECD. BY LOCAL REG.: 9-18-58
26. REGISTRAR'S SIGNATURE: Mrs Fred Bierling Lopp

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

DATE RECEIVED 9-22-58

SCOTT CO. HEALTH DEPT.

CA FILE No. 958-221

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 Oliver C Smith

Licensed Embalmer No. 4670

P. O. Address Selma M

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.