

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37630

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blue Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blue Township</u>	
c. LENGTH OF STAY (If this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>10035 Wilson Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10035 Wilson Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TILLMAN</u> b. (Middle) _____ c. (Last) <u>FLIPPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 16, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroading</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>	11. BIRTHPLACE (State or foreign country) <u>Camden County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Abner Flippin</u>		13b. MOTHER'S MAIDEN NAME <u>No Data</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Elizabeth Flippin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. H.T. Flippin, Kansas City, Mo.</u>	

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric thrombosis</u>		ANTECEDENT CAUSES			<u>2 days</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) _____			<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Dis.</u>					<u>4500</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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 Nov 12, 1949, to Nov 13, 1949, that I last saw the deceased alive on Nov 12, 1949, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Global M.D.</u>		(Degree or title)		23b. ADDRESS <u>1210th Independence</u>		23c. DATE SIGNED <u>11-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Norris Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hartwell, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1949</u>		REGISTRAR'S SIGNATURE <u>Amos K. Galt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>		ADDRESS <u>Independence, Mo.</u>	

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

NOV 25 RECD

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 *Stanley M. Deaton*

Licensed Embalmer No. 4504

P. O. Address Independence, 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.