

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35381**
Registrar's No. **301**

FILED **OCT 27 1953**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Latham, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 Da.		e. STREET ADDRESS (If rural, give location) Pilot Grove township 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles F. Still Osteopathic		4. DATE OF DEATH. (Month) (Day) (Year) Oct 21 1953	
3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) Dawson	c. (Last) Flippin	5. SEX Male
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 12, 1888	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Emer Grant Flippin		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alvin Mae Carreruder
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. No	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Dean J. Flippin, Lima Ohio
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) Medular Failure DUE TO (b) Nemia - Chronic DUE TO (c) Pyelonephrosis, Chronic Diffuse II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6000	
19a. DATE OF OPERATION 10/21/53	19b. MAJOR FINDINGS OF OPERATION Confirmed above findings by Autopsy		20. AUTOPSY? YES <input checked="" 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 Oct 18, 1953 to Oct 21, 1953 that I last saw the deceased alive on Oct 21, 1953 and that death occurred at 4 Farm , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. F. Luchheit D.D. 2		23b. ADDRESS Tipton, Mo	23c. DATE SIGNED 10-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/23/53	24c. NAME OF CEMETERY OR CREMATORY Latham Cemetery	24d. LOCATION (City, town, or county) (State) Latham, Mo
DATE REC'D BY LOCAL REG. Oct 23-1953	REGISTRAR'S SIGNATURE R. P. Davis MD-MR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Bowlin, California	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ernie Bounlin*.....

Licensed Embalmer No. *210*.....

P. O. Address *Calijon*.....

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.