No. 300
10.48

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

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30412

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Howard.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette Mo.
c. LENGTH OF STAY (in this place): 1 Yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Howard.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Franklin Mo.
d. STREET ADDRESS (If rural, give location): 0 4 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Flippin
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1-54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: May 8. 1886.
9. AGE (In years last birthday): 68
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm.
11. BIRTHPLACE (State or foreign country): Camden Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Grant Flippin
13b. MOTHER'S MAIDEN NAME: Not Known.
14. NAME OF HUSBAND OR WIFE: Minnie Reuer Flippin

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Marvin Flippin
ADDRESS: New Franklin

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Para Plegia — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1954 *to* 9-1, 1954 *that I last saw the deceased alive on* 9-1, 1954 *and that death occurred at* 6 38 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Wa Bloom M.D. (Degree or title)
23b. ADDRESS: Fayette Mo.
23c. DATE SIGNED: 9-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Sept 2 54
24b. DATE: Removal
24c. NAME OF CEMETERY OR CREMATORY: Cross Timbers
24d. LOCATION (City, town, or county) (State): Cross Timbers Mo

DATE REC'D BY LOCAL REG.: 9-8-54
REGISTRAR'S SIGNATURE: Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE: R L Hall
ADDRESS: New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 195

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 H. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin Me

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.