

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22389**

FILED JUL 27 1948

Registration District No. **7**

Primary Registration District No. **5168**

Registrar's No. **213**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **McCredie township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Erma Isabel Flippen**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Samuel J Flippen** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 23, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	5	25	hr. _____ min. _____

9. Birthplace **Callaway County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Thomas B. Gilbert**

13. Birthplace **Callaway County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Smith**
15. Birthplace **Callaway County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bill Craighhead**

(b) Address **Fulton, Missouri**

17. (a) **Burial** (b) Date thereof **7/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Auxvasse**

18. (a) Signature of funeral director **Hughes Maupin, Auxvasse, Mo.**
(b) Address **225-1948**

19. (a) **7-25-1948** (b) **Josee M. Mowbruff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
(c) City or town **McCredie**
(If outside city or town limits, write "RURAL")
(d) Street No. **McCredie township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18** year **1948** hour **about 8** minute **15** a. M.

21. I hereby certify that I attended the deceased from **July 18, 1948** and previously to **July 17, 1948** that I last saw her alive on **July 17, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Paralysis due to a brain lesion** Duration _____
Due to **arteriosclerosis**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

Signature **[Signature]** (M. D. or other) _____
Address **Fulton** Date signed **7/20/48**

RECEIVED
District Health Officer No. 9,
District File Number 26 1948
Date Filed

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.....

Theodore Skinner, Jr., Registered Apprentice No. *55*
working under my personal supervision.

Signed *Hughes Manpin*
Licensed Embalmer No. *2358*

P. O. Address *Aux Vasse, 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 this body is not embalmed, fact should be so stated above.