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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1948  
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1232**

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

1. PLACE OF DEATH:  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)  
 In this community **26 years**

3: (a) PRINT FULL NAME **Jacob Bedford Phipps**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Martha Phipps**  
 6. (c) Age of husband or wife if alive **76** years  
 7. Birth date of deceased **April 19 1872**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **26**  
 If less than one day hr. min.

9. Birthplace **Jackson County Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired. Foundry Worker**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Phipps**  
 13. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Cantrell**  
 15. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Phipps**

(b) Address **St. Joseph, Mo.**

17. (a) **Removal** (b) Date thereof **11/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pauls Valley, Okla.**

18. (a) Signature of funeral director **Heaton-Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **11-20-48** (b) **E. B. Jenkins**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1507 So. 10th**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **15**  
 year **1948** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **11-13-48**  
 \_\_\_\_\_, 19\_\_\_\_, to **11-15**, 19**48**;  
 that I last saw h./m. alive on **11-15**, 19**48**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Shock, traumatic**  
 Duration **3 days**

Due to **Compound multiple frac Both legs. Frac Rt hip**  
 Duration **3 days**

Due to **motor car accident**  
 Duration **11/06/48**

Other conditions **marked generalized arteriosclerosis. Possible**

Major findings:  
 Of operations **Frac of femur, Rt sacration to Rt Elbow**  
 Of autopsy **Amputation Both legs Below knees**  
 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) **accident / 31**

(b) Date of occurrence **11-13-48**

(c) Where did injury occur? **St Joseph station**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public street**  
(Specify type of place)  
 While at work? **0** (e) Means of injury **Motor car**

23. Signature **W. B. Grimes** (M. D. or other) **0**

Address **St. Joseph, Mo.** Date signed **11/16/48**

Red Seal

DEC 3 1948

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest Wood

Licensed Embalmer No. 3804

P. O. Address. 319 So 10th St. St Joseph, Mo

**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.**