

FILED NOV 5 - 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34799**

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Little Prairie Transit		c. CITY OR TOWN Rural Caruthersville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cottonwood Road-McCarty		e. STREET ADDRESS (If rural, give location) Route One	

3. NAME OF DECEASED (Type or Print) Lelaeanne Flippo		4. DATE OF DEATH (Month) (Day) (Year) October 17, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 2, 1940
9. AGE (In years last birthday) 14		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School-Girl	10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and State or Foreign Country) Tyler, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ernest Flippo	13b. MOTHER'S MAIDEN NAME Marcello Payne	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Shirley Flippo Sherrell
		ADDRESS 107 E. 7th St. C'ville, Mo.

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) Car wreck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severed Jugular Vein DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Cottonwood St Rd	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 078 Pemiscot Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-17-54 12:15 A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Wreck

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:15** m., from the causes and on the date stated above.

23a. SIGNATURE John H. German	(Degree or title) Coroner	23b. ADDRESS Hayti, Mo.	23c. DATE SIGNED 10-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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DATE REC'D BY LOCAL REG. Nov 1, 1954	REGISTRAR'S SIGNATURE Chessie B. Nelson	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home C'ville. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-238-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 3 1954

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 *W. Denver Fike*

Licensed Embalmer No. *4487*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.