No. 300
10.48

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

623 West Walnut

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37121

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 1059-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, S.Campbell Twp.
c. LENGTH OF STAY (In this place): 3yr1mo.8da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Medical Center for Federal Prisoners

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kentucky
b. COUNTY: Bell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middlesboro
d. STREET ADDRESS (If rural, give location): Unknown

8 160 8

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Floyd
c. (Last): Philpott

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 19, 1910
9. AGE (In years last birthday): 44 — 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): no history of regular employment
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jim Philpott
13b. MOTHER'S MAIDEN NAME: Martha Bowling
14. NAME OF HUSBAND OR WIFE: Velda Philpott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1927 - 1928
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: FILE: M.C.F.P. Springfield, Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mitral stenosis
DUE TO (c) Rheumatic heart disease, chronic. — 25 years

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchopneumonia, small foci all lobes. Congestion & foci of necrosis in the liver with generalized icterus.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? YES [X] 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* the Medical Staff *attended the deceased from* Oct. 12, *19* 51, *to* Nov. 20, *19* 54, *that I last saw the deceased alive on* Nov. 20, *19* 54, *and that death occurred at* 9:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE E. C. Rinck (Degree or title): E. C. Rinck, M. D., Clinical Director
23b. ADDRESS: Medical Center for Fed. Prisoners Springfield, Mo.
23c. DATE SIGNED: 11-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn
24d. LOCATION (City, town, or county) (State): Springfield Mo.

DATE REC'D BY LOCAL REG.: 11-29-54
REGISTRAR'S SIGNATURE: Earth Williamson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Harry Cope, Springfield Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Harry Clyne

Licensed Embalmer No. 4594

P. O. Address Springfield 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.