

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1960

=60-001256

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 9

<b>1. PLACE OF DEATH</b> a. COUNTY <u>HENRY</u> b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>CLINTON</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u> c. CITY OR TOWN <u>Climax Springs</u> d. STREET ADDRESS (If outside, give location) <u></u>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ENGIE</u> Middle <u></u> Last <u>FLIPPIN</u>				<b>4. DATE OF DEATH</b> Month <u>Jan</u> Day <u>13</u> Year <u>1960</u>			
<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Apr 4, 1891</u>	
<b>9. AGE</b> (last birthday) <u>68</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Ret Farmer</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Camden Co, Mo</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>		<b>13a. FATHER'S NAME</b> <u>Thomas J. Flippin</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy E. Raymer</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ella Mae Flippin</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>495-40-6249A</u>		<b>17. INFORMANT</b> <u>Ella Mae Flippin</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Cerebral Thrombosis</u>	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u></u>		<b>20c. TIME OF INJURY</b> Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		<b>20f. CITY, TOWN, OR LOCATION</b> <u></u>		<b>20g. COUNTY</b> <u></u>	
<b>20h. STATE</b> <u></u>		<b>21. I attended the deceased from</b> <u>1-3-60</u> <b>to</b> <u>1-13-60</u> <b>and last saw him alive on</b> <u>1-13-60</u> <b>Death occurred at</b> <u>11:05 p.m.</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>		<b>22a. SIGNATURE</b> (Degree or title) <u>Clinton L. Glaspy, D.O.</u>		<b>22b. ADDRESS</b> <u>105 E. Ohio Clinton Mo</u>	
<b>22c. DATE SIGNED</b> <u>1/15/60</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Jan 16, 1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Climax Springs Cemetery</u>	
<b>23d. LOCATION</b> (City, town, or county) <u>Climax Springs Benton Co, Mo</u>		<b>24. FUNERAL DIRECTOR</b> <u>John J. Reser</u>		<b>24a. ADDRESS</b> <u>Warsaw</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Jan 15, 1960</u>	
<b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>		<b>27. (Licensed Embalmer's Statement on Reverse Side)</b>		<b>28. (Licensed Embalmer's Statement on Reverse Side)</b>		<b>29. (Licensed Embalmer's Statement on Reverse Side)</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Reser*

Licensed Embalmer No.

4090

P. O. Address

Warsaw

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.