

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039808

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 207

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shuffitts Nursing home</u>		d. STREET ADDRESS (If outside, give location) <u>509 W.8th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Joshua Franklin Flippo</u>			4. DATE OF DEATH Month Day Year <u>October 8 1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/7/1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ferry Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ferryboat</u>		11. BIRTHPLACE (City and state or country) <u>Cottonwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Patrick Flippo</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Steele</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Newbern Flippo</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>William P. Flippo Caruthersville</u> Address <u>Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary infarct?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
DUE TO (b) <u>cardiac decompensation</u>		
DUE TO (c) <u>Generalized arteriosclerosis.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Sikeston</u>	COUNTY <u>Scott</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>June 2, 1961</u> <u>10/2/61</u> and last saw <u>him</u> alive on <u>10-6-61</u> Death occurred at <u>10:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>E. D. Urban, M.D.</u> (Degree or title)	22b. ADDRESS <u>Sikeston</u>	22c. DATE SIGNED <u>10-12-61</u>
--	---------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/10/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	23d. LOCATION (City, town, or county) <u>Caruthersville, MO.</u> (State)
--	------------------------------	--	---

24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home C'Ville, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct-17-1961</u>	26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

OCT 23 1961

1961 92 100

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. Dewey Duke

Licensed Embalmer No. 4484

P. O. Address Caruthersville, TN

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.