

REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11306
Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE 2 Registration District No. 449
(b) Township LEDANOON 1 Primary Registration District No. 5609
(c) City or (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

H12 WAYBORN PHILLIPS
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 20 1925</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>9</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LACLEDE Co Mo</u>		
FATHER	13. NAME <u>VIRGIL PHILLIPS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LACLEDE Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>VINIA EVANS</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DALAS Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Truman Harrison Lebanon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>LONG LAKE Mo</u> DATE <u>MAR 12 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Robert J. McComb</u>		
20. FILED <u>3/10 1939</u> <u>J. A. McComb</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 10 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1939, to 3-10, 1939
I last saw him alive on 3-10, 1939. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
Thrombosis of cavernous sinus
Date of onset 3-9-39

Other contributory causes of importance: J. J. B.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify E. A. Solomon (Signed) Robert J. McComb (Address) Lebanon Mo * D. C. Inspector

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED.

District Health Officer No. 7,

District File Number 7-39-2-11

Date Filed 4-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

P. O. Bohner
.....
Licensed Embalmer No. 1161

P. O. Address St. Louis 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, above space should be left blank.