

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

43027
Do not use this space.

JAN 12 1940

1. PLACE OF DEATH

(a) County Bass Registration District No. 157
 (b) Township Pleasant Hill Primary Registration District No. 4091 Registered No. 410
 (c) City Pleasant Hill (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

412 David Calvin 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Hoagland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1858

7. AGE YEARS 81 MONTHS 7 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired minister
 9. Industry or business in which work was done, as saw mill, bank, etc. merchant
 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) Rockville, Iowa

FATHER 13. NAME Harvey Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Nancy L. Priesel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (NAME) (ADDRESS) Mrs Laura Bestian Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 12/18 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. A. Norking Pleasant Hill, Mo.

20. FILED 12-20-1939 Mrs. Etta M. Aldridge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1939, to Dec 16, 1939
 I last saw him alive on Dec 16, 1939 Death is said to have occurred on the date stated above, at 4:35 P. m.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset _____
 Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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 _____
 (Signed) St. Murray, M. D.
 (Address) Pleasant Hill, Mo.

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.

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,

D. A. Noflinger, or by

Registered Apprentice No., working under my personal supervision.

Signed *D. A. Noflinger*

Licensed Embalmer No. *2938*

P. O. Address *Plasanta Hill, m*

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.