

11514

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
24 West Anderson St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 24 West Anderson St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Captola Phillips H12

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred M Phillips

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. 29 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42	6	16	hr. min.
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9. Birthplace ? Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Willard B Cavendee 1

13. Birthplace _____ Pa.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sarah Brown

15. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred M. Phillips

(b) Address Aurora Mo.

17. (a) Cremation (b) Date thereof Mar 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director J. H. King

(b) Address Aurora Mo. H13

19. (a) Mar 12 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from January 14th, 1939 to March 16, 1940
that I last saw her alive on March 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the left Breast with extension and metastases

Due to _____

Due to 50

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(a) Means of Injury _____

23. Signature J. H. King (M. D. or other) MD

Address 16 E. Locust St., Aurora Mo. Date signed 3/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

Health Officer No. 6,
Serial Number 440-1108
Date Filed APR 11 1940

DEC 30 1949

FEB 9 1949

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

Signed

Herman Larridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.