

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32262

Registration District No. 5

Primary Registration District No. 8011

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME ORVILLE DAVID PHILLIPS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1948 hour 9 minute 150 M.

21. I hereby certify that I attended the deceased from October 19, 1948, to October 22, 1948; that I last saw hm alive on October 22, 1948 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ora Herren Phillips

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct 8 1877  
(Month) (Day) (Year)

Immediate cause of death

Cardiac Asthma

Due to Myocardial Degeneration

Duration 2 wks 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 935

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

71 0 14 hr. min.

9. Birthplace Adams Co., Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

12. Name W R Phillips

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

14. Maiden name Sophia Bixley

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

16. (a) Informant Mrs Orville Phillips

(b) Address Carrollton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley J. Johnson

(b) Address Carrollton Mo

19. (a) 10/23/48 (Date received local registrar) (b) Mrs Orville Phillips (Registrar's signature)

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature Orville Phillips (M. D. or other) MD

Address Carrollton Date signed 10/23/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-2-48

NOV 9 1948

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 \_\_\_\_\_

Wm R. Koch

, Registered Apprentice No. 242

working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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, fact should be so stated above.