

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9695

BIRTH NO. 124 49-017263 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY St Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Francois <u>97</u>					
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre		c. LENGTH OF STAY (If this place) 6 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Farmington, <u>4</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital <u>0</u>				d. STREET ADDRESS (If rural, give location) N. Washington <u>0</u>					
3. NAME OF DECEASED (Type or Print) Phillip			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH April 1			5. DATE (Month)		6. DATE (Day)		7. DATE (Year)		
5. SEX Male <u>0</u>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married <u>0</u>		8. DATE OF BIRTH April 21, 1949		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Bonne Terre, Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Laudie Powell			13b. MOTHER'S MAIDEN NAME Virginia Lee Dippel			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Laudie Powell, Farmington, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of placenta & rupture of membranes DUE TO (c) membranes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 774X					INTERVAL BETWEEN ONSET AND DEATH Approx 4 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 774X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>49</u> , to <u>4-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>49</u> and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE F. Richard Crowe, M.D.					23b. ADDRESS Farmington, Mo		23c. DATE SIGNED 4-2-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/2/49		24c. NAME OF CEMETERY OR CREMATORY Pendleton Cemetery		24d. LOCATION (City, town, or county) (State) Doe Run, Mo			
DATE REC'D BY LOCAL REG Apr. 5, 1949		REGISTRAR'S SIGNATURE Esther Ruddle <u>289</u>		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

District Health Officer No. 4
District File Number 449
Date Filed 4-11-48

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Lawrence, 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.