

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27240
Registrar's No. 137

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5587

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper	
c. LENGTH OF STAY (If this place) 3 yr.		4. STREET ADDRESS (If rural, give location) U.S.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle) Louis	c. (Last) Phillips	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1949
---	--------------------------	---------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 27, 1945	9. AGE (In years, last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	---	--

13a. FATHER'S NAME Louis Phillips	13b. MOTHER'S MAIDEN NAME Florence Woodard	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Louis Phillips, Jasper, Mo.	ADDRESS
---	-------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		From birth
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital hydrocephalus - DUE TO (c) Congenital paralysis of swallowing mechanism from birth -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia -		344X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 May, 1949, to August, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Charles F. Scheel, M.D. (Degree or title)	23b. ADDRESS 201 W. 3rd Street, Carthage, Mo.	23c. DATE SIGNED Aug. 8, 1949
---	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	24d. LOCATION (City, town, or county) (State) Jasper, Mo.
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 7-9-1949	REGISTRAR'S SIGNATURE R. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Sharp & Selvey	ADDRESS Jasper, Mo.
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side) **Martin Selvey**

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

1900

RECEIVED 8-16-49

Jasper County Health Office

County File Number 49-8-615

Date Filed 8-17-49

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.....

Glen P. Gibbons

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Glen P. Gibbons*

Licensed Embalmer No. *4624*

P. O. Address *Jasper 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.