

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17607

2061 State File No. 5835 Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 6

1. PLACE OF DEATH a. COUNTY Newton		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 Joplin		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION McClelland Park		d. STREET ADDRESS (If rural, give location) 105 Connor			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle) Wendell	c. (Last) Phillips, Jr.	(Month) May	(Day) 26	(Year) 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1904	9. AGE (In years last birthday) 45 yrs	IF UNDER 1 YEAR Months 0	IF UNDER 11 HRS. Days 0	IF UNDER 11 HRS. Hours 0	IF UNDER 11 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tire Sales Manager	10b. KIND OF BUSINESS OR INDUSTRY Tires	11. BIRTHPLACE (State or foreign country) Marion, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James W. Phillips	13b. MOTHER'S MAIDEN NAME Pearl Daws	14. NAME OF HUSBAND OR WIFE Vesta Phillips
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. 122	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vesta Phillips	ADDRESS 105 Connor
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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 59248 42
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 122	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) McClelland Park	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Joplin in Newton Co. Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-26-1950 2 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Was found in Shal Creek

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred about _____ P.m., from the causes and on the date stated above.

23a. SIGNATURE Corley Thompson	(Degree or title) Coroner	23b. ADDRESS Neosho Missouri	23c. DATE SIGNED 5/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-29-50	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora Missouri
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DATE REC'D BY LOCAL REG. 5-29-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Parker-Hunsaker Mortuary, Joplin
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(Licensed Embalmer's Statement on Reverse Side)

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

735
3

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 650-133

Date Filed JUN 9 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.