

FILED AUG 30 1950
50432-30
227

STANDARD CERTIFICATE OF DEATH

5588 State File No. 27312
5589 Registrar's No. 153

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589

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 Reeds, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reeds, Mo.	
c. LENGTH OF STAY (in this place) Lifetime		1490	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Emmett	b. (Middle) Ray	c. (Last) PHIPPS	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6-27-50	9. AGE (In years last birthday) 0	10. UNDER 1 YEAR Months 2	11. UNDER 24 HRS. Hours 3	12. MIN. Min.
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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) Reeds, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Harry Phipps	13b. MOTHER'S MAIDEN NAME Lona Dunkle	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. Harry Phipps	ADDRESS Reeds, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH From Birth
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anemia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		309X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-25-50 to 8-25-50, that I last saw the deceased alive on 8-25-50, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. B. Clayton M.D.	23b. ADDRESS Reeds, Mo.	23c. DATE SIGNED 8-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-1950	24c. NAME OF CEMETERY OR CREMATORY Reeds Cemetery	24d. LOCATION (City, town, or county) (State) Reeds, Mo.
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DATE REC'D BY LOCAL REG. 8/26/50	REGISTRAR'S SIGNATURE H. B. Clayton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

490

RECEIVED 8-28-50
Jasper County Health Office

County File Number 50-8-618
Date Filed 8-29-50

10-11-50

Gene C. Pugh

Gene C. Pugh

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 _____

working under my personal supervision.

Student Embalmer No. _____

Gene C. Pugh
Gene. C. Pugh.

Student _____
Student Embalmer

Signed _____

Gene. C. Pugh.

02 248-20 8-29-50
02 248-20 8-29-50

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.