

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1951

State File No. 7840

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5240</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caplinger Mills, MO</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caplinger Mills, Mo</u>			0200
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural WASHINGTON</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>	b. (Middle) <u>HARVEY</u>	c. (Last) <u>PHILLIPI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5. 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 9, 1882</u>		9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>3</u>	11. DAYS <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>Muscotah, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Estes Phillipi</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Schrock</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche E. Phillipi</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanch Phillipi, Caplinger Mills</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>177X</u>			
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 <u>Nov</u> , 19 <u>49</u> , to <u>2-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>51</u> , and that death occurred at <u>1A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. B. Ritter M.D.</u>				23b. ADDRESS <u>Stockton Mo</u>		23c. DATE SIGNED <u>3-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-31-51</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Cantlon</u>		ADDRESS <u>Stockton, MO.</u>	

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

DIVISION OF HEALTH DEPT. OF MO.
District No. 5 - Springfield

RECEIVED APR 5 1951

Dist. File 457-715-

Date Filed 4-5-51

APR 26 1951

FEB 24 1951

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.