

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13033**
Registrar's No. **95**

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5586		State File No. 13033		Registrar's No. 95				
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 town or township) Cruralge-Marion				c. LENGTH OF STAY (in this place) 4 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural -- Marion						
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 4, Carthage				d. STREET ADDRESS (If rural, give location) Route 4, Carthage								
3. NAME OF DECEASED (Type or Print) a. (First) PEARLIE			b. (Middle) JEWELL			c. (Last) PHIPPS			4. DATE OF DEATH (Month) (Day) (Year) April 18, 1951			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH June 9, 1949		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 10	IF UNDER 11 HRS. Days 9	Hour 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Barry County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Phipps				13b. MOTHER'S MAIDEN NAME Ella Jenkins				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 Henry Phipps, Route 4, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia								INTERVAL BETWEEN ONSET AND DEATH 2 wks		
		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								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Pneumonia		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo							
21d. TIME OF INJURY		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 4-4 , 19 51 , to 4-18 , 19 51 , that I last saw the deceased alive on 4-16 , 19 51 , and that death occurred at 4:40 P.M. , from the causes and on the date stated above.												
23a. SIGNATURE H. E. Baker M.D.				23b. ADDRESS Carthage, Mo				23c. DATE SIGNED 4-18-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Reeds Cemetery			24d. LOCATION (City, town, or county) (State) Reeds, Missouri					
DATE REC'D BY LOCAL REG. 4-20-51		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary ADDRESS Carthage, Mo.						

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

RECEIVED 4-24-51

Jasper County Health Office

County File Number 51/4/340

Date Filed 4-24-51

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.

Student _____
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.