S. No. 300
v. 10-48

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20788

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 5777 Registrar's No. 11-51

0559

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

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia, Mo
c. LENGTH OF STAY (in this place): 9yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N one

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tuscumbia, Mo
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0660
d. STREET ADDRESS (If rural, give location): Tuscumbia, Mo rural Rt.

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Prudy
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Silas Hagerman
13b. MOTHER'S MAIDEN NAME: Margarett Webb
14. NAME OF HUSBAND OR WIFE: Issac Phillip

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: Arthur Phillip — ADDRESS: Tuscumbia, 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): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio renal Vascular Dis — years

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: 442x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1951, *to* June 10, 1951, *that I last saw the deceased alive on* June 10, 1951, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. E. Humphreys D.D.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 6-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12, 1951
24c. NAME OF CEMETERY OR CREMATORY: Robinett
24d. LOCATION (City, town, or county) (State): Brumley, Missouri

DATE REC'D BY LOCAL REG.: June 16, 1951
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright 391
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Funeral Home — ADDRESS: Iberia, Mo
Billy Jim Hedges

(Licensed Embalmer's Statement on Reverse Side)

RECEIVE
JUN 21 1951
MILLER COUNTY HEA
DEPARTMENT

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Vienna, 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.