S. No. 300
v. 10-48

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20963

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 199

0800
1

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia rural
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 5 (7 miles northeast)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia rural 0800
d. STREET ADDRESS (If rural, give location): Rt. 5 (7 miles northeast)

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): GREER
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 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: own home
11. BIRTHPLACE (State or foreign country): Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: B.A. Greer
13b. MOTHER'S MAIDEN NAME: Sallie Parsons
14. NAME OF HUSBAND OR WIFE: J. Allen Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: J. Allen Phillips, Rt. 5, Sedalia

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): Adenocarcinoma metastasis to — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Liver - primary adenocarcinoma of breast — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 170X

19a. DATE OF OPERATION: July 1949
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma right breast - No axillary metastasis.
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, 1949, *to* June 14, 1951, *that I last saw the deceased alive on* June 14, 1951, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. R. Edwards M.D.
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 6-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/15/51
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: 6/15/51
REGISTRAR'S SIGNATURE: A. Campbell M.D. Local Health Dept.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Duane Curry, Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 6-25-51

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

working under my personal supervision.

Student Embalmer No.

Signed R. E. Baker

Signed
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.