

U.S. No. 300
REV. 10-48

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27501

0530
4

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

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 526

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dallas Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>0300</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SHERMAN</u> b. (Middle) <u>PHILLIPS</u> c. (Last) <u>PHILLIPS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-10-1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>7-10-1878</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | 10. UNDER 1 YEAR Months <u>1</u> Days <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Dallas Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Elizabeth Phillips</u> | | 13b. MOTHER'S MAIDEN NAME <u>Phoebe Bean Pearl</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Pearl Phillips</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>4500</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Phillips</u> ADDRESS <u>Lebanon Mo</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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) | |
| 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) | | 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>8-9-1951</u> , to <u>8-10-1951</u> , that I last saw the deceased alive on <u>8-10-1951</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>R. G. Vanell</u> (Degree or Title) <u>MD</u> | | 23b. ADDRESS <u>Lebanon Mo</u> | |
| 23c. DATE SIGNED <u>8-13-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-11-1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Hildenbrand</u> | | 24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-13-1951</u> | | REGISTRAR'S SIGNATURE <u>Hella L. May</u> | |
| 424 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>K B Jones</u> ADDRESS <u>Buzzards Mo</u> | |

Received AUG 18 1951
Laclede County Health Unit
File No. 8-51-119
Date Filed AUG 20 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Marion B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.