

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29238

State File No. ....

FILED SEP 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6123 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dist of Bowland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dist of Bowland</u>	
c. LENGTH OF STAY (in this place) <u>47</u>		d. STREET ADDRESS (If rural, give location) <u>1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Infield 100 yds from own home</u>			

3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Phillips</u> c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-28-1880</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1-YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Testmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iron Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>William B. Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rumburg</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Phillips</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Phillips</u> ADDRESS <u>Dist of 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	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 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
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22. I hereby certify that I attended the deceased from no attendance, Death was sudden, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. J. D. Dill M.D.</u> (Degree or title)	23b. ADDRESS <u>Ellington Mo.</u>	23c. DATE SIGNED <u>9/4/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rumburg</u>
24d. LOCATION (City, town, or county) (State) <u>Dist of Mo</u>		

DATE REC'D BY LOCAL REG. <u>9-10-51</u>	REGISTRAR'S SIGNATURE <u>Mabel Rose</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Peurath</u> ADDRESS <u>Ellington</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ISS: 8-1-51

RECEIVED

SEP 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

*Chas. S. Purth*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington, Va.

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.