

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37920**

S. No. 300
v. 10.48

FILED DEC 12 1951

REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5600 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington (Rural) (Crownley)</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington (Rural) 05/0</u>		
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles S/W of Knob Noster, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 17, 1866</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Johnson Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jessie Cox</u>		
13b. MOTHER'S MAIDEN NAME <u>Isabel Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased Henry Clay Phillips</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. S. Strickland, KnobNoster</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Proliferation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 w 4 d</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Senile Dementia</u>		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 <u>492X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, Mo.</u>	
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>Nov 24, 1951, to Dec 2, 1951</u>, that I last saw the deceased alive on <u>Apr 2, 1951</u>, and that death occurred at <u>9:15A m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE <u>G. N. Brown, M.D.</u>			(Degree or title)	23b. ADDRESS <u>Knob Noster, Mo.</u>
23c. DATE SIGNED <u>Dec 4 1951</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec. 4, 1951</u>	24c. NAME OF CEMETERY OR CRAMATORY <u>Marshall Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>7 1/2 Mi. N/W KnobNoster, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 4 1951</u>		REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>	
ADDRESS		<u>Knob Noster, Mo.</u>		

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

RECEIVED
DEC 10 1961
JOHNSON COUNTY HEALTH DEPT

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

W. Raymond Baker

Licensed Embalmer No. *4616*

P. O. Address *Knob Noster, 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.