

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

40558

State File No. _____

FILED DEC 20 1951

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkeville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville, Mo	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Kirksville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home 301 N. Mulanx St.			

3. NAME OF DECEASED (Type or Print) a. (First) Finous b. (Middle) Ewing c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Dec, 1, 1951		
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6, 25, 1883	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groc. Salesman		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Chapel Hill, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Nathaniel Phillips		13b. MOTHER'S MAIDEN NAME Lizzie Rowland		14. NAME OF HUSBAND OR WIFE Mrs. F. E. Phillips	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. F. E. Phillips		ADDRESS Kirksville, Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	b. 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 Hypertension 4201		
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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	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 Feb 7, 1949, to Dec 1, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 3:45pm., from the causes and on the date stated above.

23a. SIGNATURE J. T. Rhoads (Degree or title) D. O. C.	23b. ADDRESS Kirksville, Mo	23c. DATE SIGNED 12-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12, 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kirksville Mo.
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DATE REC'D BY LOCAL REG. 12-13-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paula Davis	ADDRESS Kirksville
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0012
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Date Received: DEC 17 1951

DISTRICT HEALTH OFFICE #

District File Number 12-51-

Date Filed: DEC 18 1951

DEC 17 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

Donald L. Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. *4722*

P. O. Address *Finksville Md*

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.