

FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 292

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Buchanan 0117 b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph c. LENGTH OF STAY (in this place) 13 days d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117 d. STREET ADDRESS (If rural, give location) 702 South 14th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) William c. (Last) Philo			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1952				
5. SEX Male 0 white		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2			
8. DATE OF BIRTH Dec. 21, 1871		9. AGE (In years last birthday) 80		10. BIRTHPLACE (State or foreign country) Farragut, Iowa			
11. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA		13. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. laborer		10b. KIND OF BUSINESS OR INDUSTRY telephone Co.		11. BIRTHPLACE (State or foreign country) Farragut, Iowa			
13a. FATHER'S NAME Charles E. Philo		13b. MOTHER'S MAIDEN NAME Mary Benton		14. NAME OF HUSBAND OR WIFE Annie Philo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Lake, 702 S. 14th, St. Joseph, Mo			
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vascular disease DUE TO (c) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 10 days several years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY		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 1-9, 1952, to 1-21, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 12:25 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Lucien W. J. de m. D. D.				23b. ADDRESS 902 Edmond St. Joseph, Mo.		23c. DATE SIGNED 1-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 1-23-1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Jan 31, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1952

APR 21 1952

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 *William J. ...*

Licensed Embalmer No. *4535*

P. O. Address *314 S. 1st St. ...*

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.