No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1952

State File No. 4659

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 157-A

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BURGE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL WASHINGTON
d. STREET ADDRESS (If rural, give location): R#2

3. NAME OF DECEASED (Type or Print)
a. (First): GUY
b. (Middle): EDMOND
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): FEB 18 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 16 1891
9. AGE (In years last birthday): 60
If under 1 year: Months: 8 Days: 2
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): GAS ANNIAS COLO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM PHILLIPS
13b. MOTHER'S MAIDEN NAME: EMMA CULVER
14. NAME OF HUSBAND OR WIFE: MAY PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 518-03-6267
17. INFORMANT'S SIGNATURE OR NAME: MAY PHILLIPS
ADDRESS: CONWAY MO R2

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2-11-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
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: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16, 1952, *to* 2-18, 1952, *that I last saw the deceased alive on* 2-18, 1952, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Klingner (Degree or title): M.D.
23b. ADDRESS: 1638 N. Jefferson Sp. Mo
23c. DATE SIGNED: 2-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-18-52
24c. NAME OF CEMETERY OR CREMATORY: INDIAN HILL
24d. LOCATION (City, town, or county) (State): CHAPMAN KANS

DATE REC'D BY LOCAL REG.: 2-25-52
REGISTRAR'S SIGNATURE: James F. Amos M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Kirk Porter
ADDRESS: Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JS MAY 5 10:0

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 Rev Barber

Licensed Embalmer No. 3848

P. O. Address Marshfield Me

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.