

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15262

State File No.

FILED MAY 12 1952

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall Twp.		c. LENGTH OF STAY (in this place) 2 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saline County Sales Co.				d. STREET ADDRESS (If rural, give location) 1317 Main			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Harvey c. (Last) Phipps			4. DATE OF DEATH (Month) (Day) (Year) May 1st, 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 12, 1891	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 4 Days 19		IF UNDER 12 HRS. Hours Mins. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales barn operator			10b. KIND OF BUSINESS OR INDUSTRY Live stock		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James H. Phipps			13b. MOTHER'S MAIDEN NAME Henrietta Fowler		14. NAME OF HUSBAND OR WIFE Annabelle S. Phipps		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-22-7835		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Annabelle S. Phipps, Boonville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Instant
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 p.m.		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 held my breath May 8, 1952 , to 19 , 19 52 , that I last saw the deceased alive on 19 , and that death occurred at 3 1/2 p.m., from the causes and on the date stated above.							
23a. SIGNATURE L. Lawless, Co. Saline Co.				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 5-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Missouri	
DATE REC'D BY LOCAL REG. May 8, 1952		REGISTRAR'S SIGNATURE Sidney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAMPBELL-LEWIS-MARSHALL-MO.			

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

1970
3

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 Bill Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.