

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19075

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Shelby county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Shelbina, Mo.	c. LENGTH OF STAY (In this place) 5 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayden Nursing Home		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) NATHANIEL b. (Middle) PHILLIPS c. (Last) PHILLIPS			4. DATE OF DEATH (Month) (Day) (Year) 5-13-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-7-1876		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtr. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Benjamin Phillips		13b. MOTHER'S MAIDEN NAME Nancy Thomas		14. NAME OF HUSBAND OR WIFE Emma Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Phillips, Shelbina, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic heart disease			
		DUE TO (c) Hypertensive heart disease			
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		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)	
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 October 1951, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Richard A. Bikelovich, M.D.		23b. ADDRESS Shelbina Mo.		23c. DATE SIGNED 5-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-16-1952		24c. NAME OF CEMETERY OR CREMATORY Shelbina, Cemty.	
DATE REC'D BY LOCAL REG. 5-17-52		REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE Barkedew & Hawkins, Shelbina, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed..... *W. H. Law*

Licensed Embalmer No. *3498*

P. O. Address..... *Shelburne - 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.