

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41690

State File No. \_\_\_\_\_  
Registrar's No. 420

JAN 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Harrisburg (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 West 7th</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Phillippe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan. 22, 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Arthur Points</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Younger</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Phillippe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Phillippe</u>	
				ADDRESS <u>Columbia, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		DUE TO (b) <u>Hypertension</u>			<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Carcinoma of large colon</u>			<u>4 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senility</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x H</u>		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 Nov. 16, 1951, to Dec. 30, 1952, that I last saw the deceased alive on Dec. 30, 1952, and that death occurred at 11:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. A. Swires D.O.</u>		23b. ADDRESS <u>5324 Court St. Fulton, Mo.</u>		23c. DATE SIGNED <u>12-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RED ROCK</u>	
				24d. LOCATION (City, town, or county) (State) <u>Harrisburg, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 3-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willet</u>	
				ADDRESS <u>Willet Funeral Home Columbia, Mo.</u>	

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

143

AUG 9 1958

**STATEMENT BY LICENSED EMBALMER**

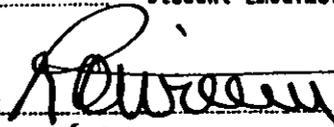
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

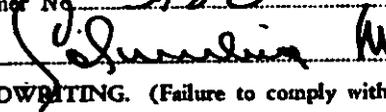
Signed



Licensed Embalmer No.

3183

P. O. Address



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.