

FILED APR 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13817**

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 51120 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Central		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Prairie <u>0360</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Lonedell Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Phillips c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4 11 53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 15 May 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Lonedell, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Huff	13b. MOTHER'S MAIDEN NAME Charlotte Haynes	14. NAME OF HUSBAND OR WIFE Lafe Phillips
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lafe Phillips	ADDRESS Lonedell, Mo.
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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) Cerebrating Collapse		24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac De-compensation & Hypertension DUE TO (c) None		6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cerebral apoplexy & paralysis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from April 11, 1953, to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 7:00 pm., from the causes and on the date stated above.

23a. SIGNATURE John M. Wilkinson, D.O. (Degree or title)	23b. ADDRESS St. Clair, Mo.	23c. DATE SIGNED 4-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Lonedell, Mo.
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DATE REC'D BY LOCAL REG. 4-13-53	REGISTRAR'S SIGNATURE E. L. Hutchinson	25. FUNERAL DIRECTOR'S SIGNATURE Casby & Leland	ADDRESS St. Clair, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed B. M. Kemp

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.