

FILED FEB 8 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 2118

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5804 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-JACKSON TWP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-JACKSON TWP.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>STAR RT., PARIS</b>		d. STREET ADDRESS (If rural, give location) <b>STAR RT., PARIS 0640 0</b>	
3. NAME OF DECEASED a. (First) <b>SELMA</b>		b. (Middle) <b>MINNIE</b>	
c. (Last) <b>PHILLIPS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 4 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 18, 1872</b>
9. AGE (In years last birthday) <b>81</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>CHAS KURZHALS</b>	
13b. MOTHER'S MAIDEN NAME <b>N. K.</b>		14. NAME OF HUSBAND OR WIFE <b>ETHAN R. PHILLIPS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CARL SMILEY, PARIS, MO.</b>		ADDRESS <b>PARIS, MO.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>	
II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>14 Days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>331 X</b>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>PARIS, MO.</b>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>Jan 22, 1954</b> , to <b>FEB 4, 1954</b> , that I last saw the deceased alive on <b>FEB. 4, 1954</b> , and that death occurred at <b>4:20 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Geo M. Speed</b>		(Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>2-5-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-6-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>SUN SET HILL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>MADISON, MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-5-54</b>		REGISTRAR'S SIGNATURE <b>F. O. Barnett, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey</b>		ADDRESS <b>PARIS, MISSOURI</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

**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.