

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 29

FILED JUL 6 1954

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756

1. PLACE OF DEATH
a. COUNTY MARIES
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson twrship)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION drowned (gasconade river)

2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission)
a. STATE Appex U.S.
b. COUNTY 8 months
c. CITY (If outside corporate limits, write RURAL and give township) 0630
d. STREET ADDRESS continuous service

3. NAME OF DECEASED
a. (First) HAROLD EUGENE PHILLIPS
b. (Middle) _____
c. (Last) (H. M. 1 U.S.N.)
DATE OF DEATH (Month) (Day) (Year) June 26 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH OCT 6th 1925 9. AGE (In years last birthday) 28 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. NAVY
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HARLAN PHILLIPS 13b. MOTHER'S MAIDEN NAME MAUDE SCHULTZ 14. NAME OF HUSBAND OR WIFE *-----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES active duty 16. SOCIAL SECURITY NO. ? 17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Phillips, Belle, Mo ADDRESS _____

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18. CAUSE OF DEATH (continued)
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 063

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) CORONER 23b. ADDRESS Vienna, Missouri 23c. DATE SIGNED 6/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 29th 54 24c. NAME OF CEMETERY OR CREMATORY Liberty 24d. LOCATION (City, town, or county) (State) Belle Missouri

DATE REC'D BY LOCAL REG. 7-1-54 REGISTRAR'S SIGNATURE Pauline Houard 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sassman's Funeral Service, Belle

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

No. 300
10. 48

0620

110.

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 Chester Saaman

Licensed Embalmer No. 4178

P. O. Address Blount - 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.