S. No. 300
v. 10.48

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

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37944

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 405 E. Gracia Marceline
c. LENGTH OF STAY (In this place): 3 Mo's
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 E. Gracia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
d. STREET ADDRESS (If rural, give location): Rt 2 10 mi So. East.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Evans
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): 10-31-54

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 17 Nov 1859
9. AGE (In years last birthday): 94 — If under 1 year: Months 11, Days 14 — If under 1 hr.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Chariton Co
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Zachari Tibpet
13b. MOTHER'S MAIDEN NAME: Laura Bills
14. NAME OF HUSBAND OR WIFE: John Phillips Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wesley W. Sportsman — **ADDRESS**: Marceline 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction of Bowel - possible Volvulus — 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) Extreme debility
DUE TO (c) Previous Cerebrovascular accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertensive Cardiovascular Disease
Cardiac decompensation.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* _____, 1949, *to* Oct 30, 1954, *that I last saw the deceased alive on* Oct 31, 1954, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE George Gary MD (Degree or title)
23b. ADDRESS: Marceline Mo.
23c. DATE SIGNED: 10-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-2-54
24c. NAME OF CEMETERY OR CREMATORY: Locke
24d. LOCATION (City, town, or county) (State): Chariton Co Mo

DATE REC'D BY LOCAL REG.: 11-2-54
REGISTRAR'S SIGNATURE: Mary Jane Rigney 401-0
25. FUNERAL DIRECTOR'S SIGNATURE: James M. Laughlin — **ADDRESS**: Marceline

(Licensed Embalmer's Statement on Reverse Side)

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 George L. Trammell

Licensed Embalmer No. 4425

P. O. Address Marceline, 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.