

40491

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 11 1955

|   |                           |  |   |  |   |   |  |   |
|---|---------------------------|--|---|--|---|---|--|---|
| BIRTH NO. _____   |                           | REG. DIST. NO. <u>96</u>   |   | PRIMARY REG. DIST. NO. <u>5349</u>   |   | Registrar's No. <u>1</u>  |  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dallas</u>  |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u>  |   |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Rural Jasper</u>   |                           | c. LENGTH OF STAY (In this place)<br><u>Life</u>   |   | c. CITY OR TOWN  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windyville, MO.</u>  |                           |  |   | f. STREET ADDRESS (If rural, give location)<br><u>Windyville, MO.</u>  |   |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John</u>  |                           |  | b. (Middle) <u>A.</u>                                     |  | c. (Last) <u>Phillips</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 20 - 1954</u> |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                               | 8. DATE OF BIRTH<br><u>Mar. 22/1874</u>                   |  | 9. AGE (In years last birthday)<br><u>80</u>                              | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>28</u>   | IF UNDER 24 HRS.<br>Hours _____ Min. _____                     |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>—   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Windyville, MO.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |  |   |
| 13a. FATHER'S NAME<br><u>Silas Phillips</u>   |                           |  | 13b. MOTHER'S MAIDEN NAME<br><u>Lucinda Hilderbrand</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Melba Jane Phillips</u>                 |   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>   |                           | 16. SOCIAL SECURITY NO.<br>—   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Melba Jane Phillips Windyville</u>   |   |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                     |                           |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>hypertensive heart disease</u><br>DUE TO (c) <u>chronic nephrosis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u> |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>one week</u> |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   | 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)<br><u>592 X</u>  |   |   |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |                           | 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 <u>Dec. 12, 1954</u> to <u>Dec. 19, 1954</u> , that I last saw the deceased alive on <u>Dec. 19, 1954</u> , and that death occurred at <u>St. Louis, Mo.</u> , from the causes and on the date stated above. |                           |  |   |  |   |   |  |   |
| 23a. SIGNATURE (In full name and degree or title)<br><u>Joseph G. Bennett, D. O.</u>  |                           |  |   | 23b. ADDRESS<br><u>Buffalo, Missouri</u>   |   | 23c. DATE SIGNED<br><u>12/31/54</u>   |  |   |
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><u>Burial</u>  |                           | 24b. DATE<br><u>12-22-54</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Peppers Cem.</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Dallas County MO.</u> |   |  |   |
| DATE REC'D BY LOCAL REG.<br><u>1-4-55-</u>  |                           | REGISTRAR'S SIGNATURE<br><u>Ernest Peterson</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Montgomery Funeral Home</u>   |   | ADDRESS<br><u>Buffalo, Mo.</u>  |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

0. 300  
0. 48

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.....  
Signature of Student Embalmer

Signed *Leyle Montgomery*.....  
Licensed Embalmer No. *3579*.....

P. O. Address *Buffalo*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.