

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5338**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (in this place) 8 MO	c. CITY OR TOWN JASPER
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JANE CHINN HOSPITAL		STREET ADDRESS (If rural, give location) RURAL ROUTE #3 0490	

3. NAME OF DECEASED (Type or Print) a. (First) PERMELA	b. (Middle) ELIZABETH	c. (Last) PHILLIPS	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 11 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 31, 1878
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 10 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) NO DATA	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JAMES ASBURY	13b. MOTHER'S MAIDEN NAME NO DATA	14. NAME OF HUSBAND OR WIFE NO DATA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DEWEY F. PHILLIPS RT#3 JASPER, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		over 10 yrs
	ANTECEDENT CAUSES DUE TO (b) Arterial Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurring cerebral hemorrhages		over 10 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)
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 **Nov. 6, 1948**, to **Feb. 11, 1955**, that I last saw the deceased alive on **Feb. 11, 1955**, and that death occurred at **12:50 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS D. O. 1702 Joplin St., Joplin, Mo.	23c. DATE SIGNED 2-14-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-13-1955	24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY
24d. LOCATION (City, town, or county) (State) FREDERICKTOWN MO		

DATE REC'D BY LOCAL REG. 2-14-55	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO
--	---	---

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

92
0

County File No. _____
Date Filed _____
FEB 21 1933

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 *Samuel Lewis Jr.*

Licensed Embalmer No. *4870*

P. O. Address *Webb Co.*

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.