0.300
0.48

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

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34230

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Marston

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

4. DATE OF DEATH (Month) (Day) (Year): Nov 3 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec 19 1935
9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months: 10 Days: 14
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Portageville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Harry Floyd Phillips
13b. MOTHER'S MAIDEN NAME: Cora Kleffel
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Carl Phillips
ADDRESS: Portageville 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) Thermal burns — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

9160
16
72

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): rural Marston New Madrid Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 1 55 9p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: home burned

22. *I hereby certify that I attended the deceased from* 1 Nov, 1955, *to* 2 Nov, 1955, *that I last saw the deceased alive on* 2 Nov, 1955, *and that death occurred at* 7:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert S. Smith, M.D.
23b. ADDRESS: Portageville, Mo.
23c. DATE SIGNED: 5 Nov 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 4, 1955
24c. NAME OF CEMETERY OR CREMATORY: Portageville Cem.
24d. LOCATION (City, town, or county) (State): Portageville Mo

DATE REC'D BY LOCAL REG.: 11-7-55
REGISTRAR'S SIGNATURE: John W. Herman 406-5
25. FUNERAL DIRECTOR'S SIGNATURE: Delisle Funeral Parlor - Portageville
ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

11-306-55

NOV 10 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 4481

P. O. Address Pasadena

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.