

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1956

State File No. **48514**

2570
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5767		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy - Rural		c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN Silex		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Hospital				e. STREET ADDRESS (If rural, give location) -			
3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Wayne c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1955		5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 2-1-1920		9. AGE (In years last birthday) 35		IF UNDER 1 YEAR: Months 10 Days 20		IF UNDER 6 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Wilburn Wayne Phillips			13b. MOTHER'S MAIDEN NAME Rebecca Herbel		14. NAME OF HUSBAND OR WIFE Genevieve Phillips		
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. 499-12-8505		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Genevieve Phillips Silex, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic coma INTERVAL BETWEEN ONSET AND DEATH 24 HRS ANTECEDENT CAUSES DUE TO (b) HEART FAILURE 5 DAYS DUE TO (c) MITRAL INSUFFICIENCY 20 YRS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X				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)		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 Sept 1954 to 12-21, 1955 that I last saw the deceased alive on 12-21, 1955 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arus P. Kelly, MD				23b. ADDRESS 3rd + wood, Troy, MO		23c. DATE SIGNED 2-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-55	24c. NAME OF CEMETERY OR CREMATORY St. Alphonsus		24d. LOCATION (City, town, or county) (State) Millwood, Lincoln Co. MO		
DATE REC'D BY LOCAL REG. 2-18-1956		REGISTRAR'S SIGNATURE Emma R. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Hudd		ADDRESS Bowling Green Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Please note date of death

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 *James O. Mudd*

Licensed Embalmer No. *415*

P. O. Address *Breunling*

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.