

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17256

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3053 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>Sedalia</u>)	c. LENGTH OF STAY (In this place) <u>1 yr.</u>	c. CITY OR TOWN <u>Sedalia</u>	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 <u>502 East 12th</u>		e. STREET ADDRESS (If rural, give location) <u>502 East 12th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EARL</u>	b. (Middle) <u>LESLIE</u>	c. (Last) <u>PHILLIPS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 5, 1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>manufacturing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Versailles, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sampson Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Millie Marriott</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Boyer Phillips</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give year or date of service) <u>333-09-3487</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O.R. Cox, 1002 East 5th Sedalia, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> <u>1 yr</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetis mellitus</u>		

19a. DATE OF OPERATION <u>***</u>	19b. MAJOR FINDINGS OF OPERATION <u>***</u>	20. AUTOPTSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>***</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>***</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>***</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>***</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>***</u>
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22. I hereby certify that I attended the deceased from 27 Jun, 1955, to 23 May, 1956, that I last saw the deceased alive on 12 Apr, 1956, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn A. Walker D.O. 2</u>	23b. ADDRESS <u>400 W 4th Sedalia, Mo.</u>	23c. DATE SIGNED <u>5/24/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/25/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-25-56</u>	REGISTRAR'S SIGNATURE <u>Loraine Coates Dept.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thane Brown Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

51-

JUN 22 1958

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 *Russell E. Ewing*.....

Licensed Embalmer No. *315*

P. O. Address *Sedalia*

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.