No. 300
10.48

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20221

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 610-A

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield Mo
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): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN: Seymour
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1621

3. NAME OF DECEASED (Type or Print)
a. (First): LEMUEL
b. (Middle):
c. (Last): PHILPOTT

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-17-1912
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Seymour, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: N. A. Philpott
13b. MOTHER'S MAIDEN NAME: Pilkington
14. NAME OF HUSBAND OR WIFE: Agnes Philpott

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Agnes Philpott, Seymour, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Generalized peritonitis	36 HOURS
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) anterior perforation of duodenal ulcer.	36 HOURS
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	PULMONARY TUBERCULOSIS INACTIVE WITH LEFT THERAPEUTIC PNEUMOTHORAX AND RIGHT PLASTIC BALL PLOMBAGE.	8 YEARS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5411A
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1949, *to* 7/2/56, 19___, *that I last saw the deceased alive on* 7/2/56, 19___, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn O. T. Miner, M.D.
23b. ADDRESS: 609 Cherry - Springfield, Mo.
23c. DATE SIGNED: 7-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: 7-6-56
24c. NAME OF CEMETERY OR CREMATORY: Seymour.
24d. LOCATION (City, town, or county): Seymour, (State): Missouri

DATE REC'D BY LOCAL REG.: 7-9-56
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Kelley-Ferrell & Sons
ADDRESS: Seymour, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1936

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm K. Ferrell

Licensed Embalmer No. 4912

P. O. Address Seymour, S

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