

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20222
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 564

| | | | | | |
|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Lebanon</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hosp.</u> | | Length of stay in lb <u>10 days</u> | d. STREET ADDRESS (If outside, give location) <u>312 E. Commercial</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Francis</u> Middle <u>M.</u> Last <u>Phipps</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 29, 1881</u> | | 9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u> | | 11. BIRTHPLACE (City and state or country) <u>Laclede County, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | 13. FATHER'S NAME <u>James B. Phipps</u> | | |
| 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u> | | |
| 16. SOCIAL SECURITY NO. <u>Unknown</u> | | | 17. INFORMANT Address <u>Mrs. Mattie Phipps - Springfield,</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral artery thrombosis</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 days</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>332x</u> | | | 20c. TIME OF INJURY Hour - Month, Day, Year a. m. <u></u> p. m. <u></u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | | 20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u> | |
| 21. I attended the deceased from <u>13 June</u> to <u>22 June 1956</u> and last saw her alive on <u>21 June 56</u> . Death occurred at <u>6 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Francis M. Maple M.D.</u> | | | 22b. ADDRESS <u>1215 S. Bluestone</u> | | 22c. DATE SIGNED <u>6-22-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>June 22, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u> | | 23d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Corman - Schaff 2. Home</u> <u>Springfield, Missouri</u> (Licensed Embalmer's Statement on Reverse Side) | | | 25. DATE RECD. BY LOCAL REG. <u>6-22-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Edith Williams</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. Laubin Gorm*.....

Licensed Embalmer No. *3*.....

P. O. Address *Springfield*.....

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