

FILED AUG 27 1956 STANDARD CERTIFICATE OF DEATH.

State File No. 26244

BIRTH NO. 85425-55 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cape Girardeau</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Illmo</i>	
c. LENGTH OF STAY (in this place) <i>13 hours</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis Hosp</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>BILLIE</i>	b. (Middle) <i>LEE</i>	c. (Last) <i>PHIPPS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 13, 1956</i>
-------------------------------------	--------------------------	------------------------	-------------------------	---

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Dec 20, 1955</i>	9. AGE (In years last birthday) <i>7</i> UNDER 1 YEAR <i>29</i> MONTHS <i>29</i> DAYS <i>29</i> HOURS <i></i> MIN. <i></i>
----------------------	-------------------------------	---	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Cape Girardeau, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
---	-----------------------------------	--	--

13a. FATHER'S NAME <i>Robert L. Phipps</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Lou Carter</i>	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) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Robt Phipps</i> ADDRESS <i>Illmo, Mo</i>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute fulminating meningitis due to Hemophilus influenzae</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <i>3400</i>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 *Aug. 13, 1956*, to *Aug 13, 1956*, that I last saw the deceased alive on *Aug. 13, 1956*, and that death occurred at *10:55 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Lordon M. Minnells, M.D.</i>	23b. ADDRESS <i>Cape Girardeau, Mo.</i>	23c. DATE SIGNED <i>8-15-56</i>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-16-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>Cape Girardeau, Mo</i>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <i>8-20-56</i>	REGISTRAR'S SIGNATURE <i>L. C. Summers</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bepling Hoff</i> ADDRESS <i>Illmo, Mo</i>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

44-0

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
Student Embalmer

Signed Oliver O. Amund

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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 this body is not embalmed, fact should be so stated above.