

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **30540**

**FILED OCT 15 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3023 Registrar's No. 54

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howell</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell 0461</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>West Plains.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>212 Worcester</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>DAISY</u> b. (Middle) <u>ELLA</u> c. (Last) <u>PHILLIPS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 7, 1956</u>											
<b>5. SEX</b> <u>female</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>single NM</u>										
<b>8. DATE OF BIRTH</b> <u>Aug. 13, 1882</u>		<b>9. AGE</b> (In years last birthday) <u>74</u>		<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	Months	Days	Hours			
IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR												
Months	Days	Hours												
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Fayette County, Tenn.</u>										
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>										

<b>13a. FATHER'S NAME</b> <u>James Phillips</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosa Edwards</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. A.R. Arrington, W. Plains, Mo.</u>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>			DUE TO (b) <u>Arteriosclerotic heart disease</u>			<u>20 minutes</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>none</u>			<u>15 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>none</u>					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>4200</u>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from October 7, 1956, to Oct. 7, 1956, that I last saw the deceased alive on Oct. 7, 1956, and that death occurred at 12:45<sup>PM</sup> m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>M. L. Fowler M.D.</u>		<b>23b. ADDRESS</b> <u>West Plains Mo.</u>		<b>23c. DATE SIGNED</b> <u>10/12/56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>removal</u>		<b>24b. DATE</b> <u>Oct. 8, 1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Belmont Cemetery</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mason, Tennessee</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>10-13-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Beatrice Cook</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hal Shouburg</u>	
				<b>ADDRESS</b> <u>W. Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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, ~~of~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Hal Thomsen*

Licensed Embalmer No. *3408*

P. O. Address..... *W. Plains, N.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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