

FILED JAN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40863**

BIRTH NO. _____		REG. DIST. NO. <b>62</b>		PRIMARY REG. DIST. NO. <b>5239</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Linn Twp. township)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles W. of Stockton				e. STREET ADDRESS (If rural, give location) 8 Miles W. of Stockton 0222			
3. NAME OF DECEASED (Type or Print)		a. (First) SYDNEY		b. (Middle) ANN		c. (Last) PHIPPS	
4. DATE OF DEATH		(Month) (Day) (Year)		Dec. 20, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 30, 1873	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 10 Days 20		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Andrew Bray		13b. MOTHER'S MAIDEN NAME Emmaline Comer		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mavine Shaffer, Stockton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of caecum  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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 <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 <u>11-15-56</u> to <u>12-19-56</u> , that I last saw the deceased alive on <u>12-19-56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. B. Rutter MD		(Degree or title)		23b. ADDRESS Stockton Mo		23c. DATE SIGNED 12-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-1956		24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery		24d. LOCATION (City, town, or county) (State) Stockton, Mo.	
DATE REC'D BY LOCAL REG. 1-5-57		REGISTRAR'S SIGNATURE Geneva Garrison		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Central Funeral Home, Stockton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

540

1917

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 *John A. Cantlon*.....

Licensed Embalmer No. *438*

P. O. Address *Stoughton, MA*

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.