

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4236

State File No.

FILED FEB 27 1957

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (In this place) <u>4 wks</u>		c. CITY OR TOWN <u>St. Clair</u> <u>0360</u>		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 <u>North Side Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lafe</u> b. (Middle) _____ c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married Widowed</u>	8. DATE OF BIRTH <u>August 1854</u>	9. AGE (In years last birthday) <u>102</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lonedell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Sam Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Thomson</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie Phillips</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Burlage Lonedell, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Atrophy of Heart</u> 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 <u>1 month</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>						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) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-19, 1957</u> , to <u>2-19, 1957</u> , that I last saw the deceased alive on <u>2-19, 1957</u> and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ronald H. Smith, M.D.</u>			23b. ADDRESS <u>Sullivan, Mo.</u>			23c. DATE SIGNED <u>2/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 21, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Lonedell, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/21/57</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey-Lenox</u>		ADDRESS <u>St. Clair, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

496
C.

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 *K. M. Lend*.....

Licensed Embalmer No. *3601*

P. O. Address *St. Clair,*

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.