

Health, Welfare Public Service

FILED JUL 29 1957

STANDARD CERTIFICATE OF DEATH

25167
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 89-88

300
1-57.0

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If location) HOSPITAL OR INSTITUTION Warrensburg Medical Center		Length of stay in lb 44 Years	d. STREET ADDRESS (If outside, give location) 517 South Holden		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emily Middle Mahala Last Phillips			4. DATE OF DEATH July 23, 1957 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1874	9. AGE (In years birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Lyons Co. New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Gifford		13b. MOTHER'S MAIDEN NAME Sarah Spier	14. NAME OF HUSBAND OR WIFE H.A. Phillips		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address H.A. Phillips, Warrensburg, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 22 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4222			
20c. TIME OF INJURY Hour a.m. p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1, 1957 to July 23, 1957 and last saw her alive on July 23, 1957 Death occurred at Warrensburg Medical Center on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Caroline M.D.			22b. ADDRESS Warrensburg, Mo		22c. DATE SIGNED July 24, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 25 July 57	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. July 24, 1957	26. REGISTRAR'S SIGNATURE Laverne C. Whitefield		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1470

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1951

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 *J. Earl Priest* Licensed Embalmer No. 3878

P. O. Address *Warrensburg*

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.