

STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1957

State File No. 31079

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 440

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
b. CITY OR TOWN Cape Girardeau  
c. LENGTH OF STAY (in this place) 1 Week  
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Stoddard  
c. CITY OR TOWN Advance  
d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS (If rural, give location) Advance 0

3. NAME OF DECEASED  
a. (First) Melton  
b. (Middle) John  
c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 22 1957

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 14, 1882

9. AGE (In years last birthday) 75  
10. UNDER 1 YEAR Months 6  
11. UNDER 18 Hrs. Days 8 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Phillips

13b. MOTHER'S MAIDEN NAME Not Known

14. NAME OF HUSBAND OR WIFE Lou Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Lou Phillips, Advance, 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  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Sub-arachnoid hemorrhage  
ANTECEDENT CAUSES  
DUE TO (b) Arteriosclerosis, generalized  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 weeks  
5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
330X

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1957, to Sept. 22, 1957, that I last saw the deceased alive on Sept. 22, 1957, and that death occurred at 12:17a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D Campbell M.D.

23b. ADDRESS Cape Girardeau, Mo.

23c. DATE SIGNED 9-24-57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 9-24-57

24c. NAME OF CEMETERY OR CREMATORY MORGAN

24d. LOCATION (City, town, or county) (State) Advance, Mo

DATE REC'D BY LOCAL REGISTRY 9-30-57 REGISTRAR'S SIGNATURE C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Morgan, Advance, Mo.

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

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.....

*W. H. Smery*

Licensed Embalmer No. *464*

P. O. Address *Advocate*

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.