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FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32458
STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5610 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Leeton, Post oak.T. Inside Limits Yes ☐ No No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence, Leeton Rural, Length of stay in 1b 47days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Leeton, 251 C Inside Limits Yes Yes No ☐
d. STREET ADDRESS (If outside, give location) Leeton, Mo. Reside on Farm Yes ☐ No No

3. NAME OF DECEASED (Type or print) First MARY Middle JANE Last PHILLIPS

4. DATE OF DEATH Month September Day 20th. Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH August 3, 1868
9. AGE (In years last birthday) 88
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Johnson County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Hilterbrand,
14. MOTHER'S MAIDEN NAME Jane Medley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Cleo Haskell, Leeton, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 16 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) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2 No

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 4, 57 to 9-20-57 and last saw her alive on Sept 20, 57
Death occurred at 11:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 9-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-22-1957
23c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery
23d. LOCATION (City, town, or county) (State) Leeton, Missouri

24. FUNERAL DIRECTOR ADDRESS R.A. Brauninger, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. 9/23/57
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7) Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. R. A. Brauninger

Licensed Embalmer No. 33

P. O. Address Warrumb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.