. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36521
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Odessa — Inside Limits Yes X No ☐
d. STREET ADDRESS 321 So. First (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Otis — Middle Warren — Last Phillips
4. DATE OF DEATH: Month Nov. Day 5 Year 1957
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 16, 1875
9. AGE (In years last birthday): 82 — 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): Insurance agent
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and state or country): Sni Millis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Gabriel Phillips
14. MOTHER'S MAIDEN NAME: Nora Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: lost
17. INFORMANT: Mrs. Otis Phillips, Odessa, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Accident with left hemiplegia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ① cerebral hemorrhage ? ② cerebral embolism ?
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerosis ② cardiac decompensation
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 Nov 4 1957, to Nov 5 1957 and last saw her/him alive on 11-5-57
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M Martin MD (Degree or title)
22b. ADDRESS: Odessa Mo
22c. DATE SIGNED: 11-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct 8, 1957
23c. NAME OF CEMETERY OR CREMATORY: Odessa, Cemetery
23d. LOCATION (City, town, or county) (State): Odessa, Mo. Lafayette
24. FUNERAL DIRECTOR: Ralph O Jones — ADDRESS: Odessa, Mo
25. DATE RECD. BY LOCAL REG.: 11-9-57
26. REGISTRAR'S SIGNATURE: Emma L Davidson

(Licensed Embalmer's Statement on Reverse Side)

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.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph O. Jones

Licensed Embalmer No. 46

P. O. Address Odessa,

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