

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024503
STATE FILE NUMBER

FILED AUG 12 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 103

300
-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri - b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Cassville - 0.0500	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hosp.		d. STREET ADDRESS (If outside, give location) West 11th Street	
Length of stay in 1b 4 das.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANCES Middle PHILLIPS Last PHILLIPS		4. DATE OF DEATH Month July Day 27 Year 1958	
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 Aug. 12-1886
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Newton County, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Logan	
13b. MOTHER'S MAIDEN NAME Malinda Newberry		14. NAME OF HUSBAND OR WIFE George 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.	
17. INFORMANT George Phillips-Cassville, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses DUE TO (b) Malignant Hypertension DUE TO (c) Vascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4201
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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 Death occurred at 7/21/58 10:25 A. to 7/27/58 and last saw her/him alive on 11:05 of the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Ch. Price M.D.	
22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 7-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-29-1958	
23c. NAME OF CEMETERY OR CREMATORY Mooreland Cemetery		23d. LOCATION (City, town, or county) (State) Mooreland, Oklahoma	
24. FUNERAL DIRECTOR Culver's		ADDRESS Cassville, Missouri	
25. DATE RECD. BY LOCAL REG. 7-29-58		26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 858-158

DATE REC. 8-11-58

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo.

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.