Health, & Welfare Public Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037262
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY Nodaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville, Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Maryville Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. Length of stay in 1b 5months	d. STREET ADDRESS (If outside, give location) 0742 0 Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First Terry	Middle Ann	Last Phillippie	4. DATE OF DEATH Month Oct. Day 11, Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]	8. DATE OF BIRTH May 6, 1958	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) St. Joseph, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bob Reed Phillippie	13b. MOTHER'S MAIDEN NAME Beverly Scott	14. NAME OF HUSBAND OR WIFE none		
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. none	17. INFORMANT Beverly Phillippie Address Maryville, Mo		

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) Acute Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH <1 Day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 491X

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 [ ] NO [X] 2

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 10/11/58, to 10/11/58 and last saw ~~her~~ him alive on 10/11/58 -
Death occurred at 5 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. L. Wemp & M.D. 0	22b. ADDRESS Maryville, Mo	22c. DATE SIGNED 10/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/13/58	23c. NAME OF CEMETERY OR CREMATORY Green Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
24. FUNERAL DIRECTOR Rupp Funeral Home, ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. 11-8 58	26. REGISTRAR'S SIGNATURE Bess Holt	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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C

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 .....

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.