

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006690
STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 13

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1. PLACE OF DEATH a. COUNTY Pulaski Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way, Gen. Hosp.		Length of stay in 1b 4 days.	d. STREET ADDRESS (If outside, give location) None.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Bertha. Ellen Phillips.			4. DATE OF DEATH Month Day Year Jan. 28, 1959		
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1888	9. AGE (In years last birthday) 70.	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Pulaski C, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William H. Walters.	13b. MOTHER'S MAIDEN NAME Rebecca Jane Raye.	14. NAME OF HUSBAND OR WIFE William Robert phillips
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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. 500-16-8234	17. INFORMANT Mrs. Clayton Gray. Waynesville, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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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
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Miller M.D.	(Degree or title)	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 1/29/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/30/59	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem.	23d. LOCATION (City, town, or county) (State) Crocker, Mo...
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24. FUNERAL DIRECTOR Hedges Funeral Home Waynesville, Mo	ADDRESS 100	25. DATE RECD. BY LOCAL REG. 1-30-59	26. REGISTRAR'S SIGNATURE C. Anderson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clarence Moss*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville,*

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.