

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016509
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 356 Primary Registration District No. 6209 Registrar's No. 30

300
-57

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Piney Twp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Houston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 3 Mo.	d. STREET ADDRESS (If outside, give location) 107
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last David Truman Phillips			4. DATE OF DEATH Month Day Year 4 - 11 - 59			
5. SEX Male	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 3-20-73		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Doshan, Indiana		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sam Phillips		13b. MOTHER'S MAIDEN NAME Nancy Montgomery		
14. NAME OF HUSBAND OR WIFE Cora		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. 486-09-2246		
17. INFORMANT Cora Phillips-Houston, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10+ years		

18. CAUSE OF DEATH (continued) DUE TO (b) arterio-sclerotic heart disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
DUE TO (c) generalized arterio-sclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral vascular accident (old)		4200
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 a.m. Month, Day, Year p.m.		
20d. INJURY OCCURRED WHILE AT WORK <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 June 1958 , to Apr. 11, 1959 and last saw her ^{her} alive on Apr. 9, 1959 . Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Paul H. Beckman, M.D.		22b. ADDRESS Houston, Missouri
		22c. DATE SIGNED April 21, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-14-59	23c. NAME OF CEMETERY OR CREMATORY OAK Hill Cemetery		23d. LOCATION (City, town, or county) (State) Texas County Missouri
24. FUNERAL DIRECTOR Raymond E. Duff-Houston, Mo.		25. DATE RECD. BY LOCAL REG. 4-22-59		26. REGISTRAR'S SIGNATURE Myrtle Craig	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 Item if added by query of funeral director.
 USE ONLY BLACK INK OR RIBBON. REWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank E. Hood*

Licensed Embalmer No. *4026*
P. O. Address. *Houston, Tx*

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.