

FILED VS JUL 29 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027847

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Castor</b>		c. CITY OR TOWN <b>Advance R#1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>H425</b>		d. STREET ADDRESS (If outside, give location) <b>PIKE TWP</b>	
3. NAME OF DECEASED (Type or print) First <b>Ida</b> Middle <b>MARIE</b> Last <b>Phillips</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>27</b> Year <b>1959</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 27, 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE - SHOE FACTORY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE FACTORY</b>	11. BIRTHPLACE (City and state or country) <b>Bloomfield, Mo.</b>
13a. FATHER'S NAME <b>John Layton</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Layton</b>	14. NAME OF HUSBAND OR WIFE <b>EARNEST Phillips</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>40-249-174</b>	17. INFORMANT Address <b>Dexter, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Severe head injuries</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Two car head-on accident on highway 25 north of</b>	
20c. TIME OF INJURY <b>5:00 p.m.</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 25</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 25</b>	
20f. CITY, TOWN, OR LOCATION <b>Bloomfield, Stoddard Co., Mo.</b>		20g. COUNTY STATE <b>103</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>6:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Marsh Withers</b> (Degree or title) <b>Coroner 3</b>		22b. ADDRESS <b>Dexter, Missouri</b>	
22c. DATE SIGNED <b>7-2-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Morgan Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Advance, Mo.</b>
24. FUNERAL DIRECTOR <b>W. N. Morgan</b> ADDRESS <b>Advance, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-21-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. George L. Baker</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Health,  
, & Welfare  
S. Public  
th ServiceS. 300  
v. 1-57Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
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 *Wm H Morgan* .....

Licensed Embalmer No. *4640* .....

P. O. Address. *Advocate, 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.