

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 44717

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. _____ Registrar's No. 284

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission)			
a. COUNTY <u>Livingston</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Medecine TWP</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Chula</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. N.E. Chula</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 mi. N.E. Chula</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Orlando</u>		Middle <u>Orada</u>		Last <u>Phillips</u>		Month <u>December</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Livingston County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Jay Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Coberley</u>		14. NAME OF HUSBAND OR WIFE <u>Ida May Phillips</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-424188</u>		17. INFORMANT <u>Ida M. Phillips Chula Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Chr. Myocardialis</u>							
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) <u>Chr. Bronchectasis</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
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 <u>Mar 9, 1954</u> to <u>Dec 3, 1959</u> and last saw him alive on <u>Dec 3, 1959</u> Death occurred at _____ <u>8:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Amoswell M.S.</u> (Degree or title)				22b. ADDRESS <u>Chillicothe Mo</u>		22c. DATE SIGNED <u>12-14-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>12/15/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Chula</u> (State) <u>Missouri</u>		
24. FUNERAL DIRECTOR <u>E.J. Robertson Funeral Home</u> ADDRESS <u>Chula Mo</u>			25. DATE RECD. BY LOCAL REG. <u>12-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Francesco B. Nell</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.