URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-007509

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 26

ENDED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry County Mem. Hospital
Inside Limits Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry
c. CITY OR TOWN Perryville
Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 233 W. St. Joe
Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Valeria Middle Emma Last Phillips

4. DATE OF DEATH Month Feb. Day 9 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married Never Married X Widowed Divorced
8. DATE OF BIRTH July 27, 1891
9. AGE (last birthday) 68
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perryville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas L. Phillips
13b. MOTHER'S MAIDEN NAME Emma Litsch
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT Wm. Phillips, Perryville, Mo. Address

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) Cerebral Hemorrhage, Massive — INTERVAL BETWEEN ONSET AND DEATH 15 hrs
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 2-8-60 to 2-9-60 and last saw her ~~him~~ alive on 2-9-60
Death occurred at 4 8 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] M.D. (Degree or title)
22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 2-12-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 12, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.
23d. LOCATION (City, town, or county) Perryville, Mo. (State)

24. FUNERAL DIRECTOR Albert Bey ADDRESS Perryville, Mo.
25. DATE RECD. BY LOCAL REG. 2-12-60
26. REGISTRAR'S SIGNATURE Joe J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

JUN 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~[illegible]~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert Bey

Signature of Student Embalmer

Licensed Embalmer No. 38[illegible]

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.