

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007725

AMENDED FILED MAR 20 1961 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 280 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 5 years	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saxton Nursing Home 2421 Francis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2421 Francis

3. NAME OF DECEASED (Type or print) First MIDDLE Last BERTHA MARIE PHILLIPS			4. DATE OF DEATH Month Day Year March 15, 1961	
---	--	--	--	--

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 6/10/1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
------------------	---------------------------	---	-------------------------------	------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY USA
--	---	---	------------------------------------

13a. FATHER'S NAME Leo Muthig	13b. MOTHER'S MAIDEN NAME Elizabeth Stemler	14. NAME OF HUSBAND OR WIFE George Phillips
----------------------------------	--	--

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. none	17. INFORMANT Mrs. E.S. Matthews, 2415 Charles, St. Joseph, Mo.
--	---------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 days
--	--	--

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	---

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.)
---	---	--

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. 10th 1961</u> to <u>Mar. 15-61</u> and last saw her ^{her} alive on <u>Mar. 10th 1961</u> Death occurred at <u>8:55 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) <u>B. W. Tedlock M.D.</u>	22b. ADDRESS <u>2727 Jules St. Joseph, Mo.</u>	22c. DATE SIGNED <u>Mar. 16/61</u>
---	---	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/17/1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
---	------------------------	---	--

24. FUNERAL DIRECTOR <u>Saxton-Bowman</u> ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. <u>Mar. 17, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
--	--	--

DOCUMENT

BY AFFIDAVIT OF
B. W. Tedlock, M.D. MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Jo

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.