

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006267

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 4234 Registrar's No. 23

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED FEB 25 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>IRON</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>IRONTON</u>	a. STATE <u>Mo.</u> b. COUNTY <u>WASHINGTON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S</u>	c. CITY OR TOWN <u>MINERAL POINT</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>Rufus</u> Middle <u>GERONIMO</u> Last <u>PHILLIPS</u>	4. DATE OF DEATH
5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>
8. DATE OF BIRTH <u>JUL 9 1907</u>	9. AGE (last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION HAND</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>
11. BIRTHPLACE (City and state or country) <u>ARNOLD BRANCH Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>GREGORY PHILLIPS</u>	13b. MOTHER'S MAIDEN NAME <u>NORA BOYER</u>
14. NAME OF HUSBAND OR WIFE <u>STELLA (DOW)</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <u>NO</u>
16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT <u>CARTER PHILLIPS Potosi Mo</u> Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Rheumatic heart disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 years</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>pneumonitis</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 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>1-1-63</u> to <u>2-14-63</u> and last saw <sup>her</sup> him alive on <u>2-14-63</u>	
Death occurred at <u>10:20a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Harold Keane MD</u>	22b. ADDRESS <u>Ironton, Missouri</u>
22c. DATE SIGNED <u>2-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2-18-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>NEW DIBBANS CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>
24. FUNERAL DIRECTOR <u>SUM + SON</u> ADDRESS <u>Potosi Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-18-63</u>
26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	

FEB 28 1963

**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 William H. Gunn

Licensed Embalmer No. 5155

P. O. Address Potosi, 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.