

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015157

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 10

STATE FILE NUMBER

VS 300 Rev. 4/59

DATE AMENDED

1 0130

2 0130 2

3

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 90-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 7 1963

1. PLACE OF DEATH
a. COUNTY Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer Length of stay in lb 20 yrs.

c. CITY OR TOWN Braymer Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First BELLE Middle M. Last PHILLIPS 4. DATE OF DEATH Month April Day 23 Year 1963

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Oct. 23, 1874 9. AGE (last birthday) 88 yrs IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

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) Braymer, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David Conner 13b. MOTHER'S MAIDEN NAME Sarah Hollingsworth 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no) 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Virgil Phillips, Braymer, Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 15 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis none
DUE TO (c) Generalized arteriosclerosis none

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 July 1947 to April 23, 1963 and last saw her alive on April 23, 1963. Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. E. Goldberg M.D. MD 22b. ADDRESS Braymer, Mo 22c. DATE SIGNED 4-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4-25-63 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cem. 23d. LOCATION (City, town, or county) (State) Braymer, Mo

24. FUNERAL DIRECTOR Mead - Pitts ADDRESS Braymer, Mo 25. DATE RECD. BY LOCAL REG. 5-2-1963 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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

Dorward F. Head

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.