

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027254

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 36

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED III 16 1963

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Centralia</u>		Length of stay in lb <u>6 weeks</u>	c. CITY OR TOWN <u>Centralia</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>518 So. Hickman ST</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>421 West Southgate St.</u>
3. NAME OF DECEASED (Type or print) First <u>Mamie</u> Middle <u>Esther</u> Last <u>Phillippe</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1963</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-31-1891</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Marion F. Phillippe</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Gibson</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT <u>Mrs. Rose Jones, Centralia, Mo.</u>		Address

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterioventricular Aortic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 to 2 hr</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
DUE TO (c) <u></u>		
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 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.) <u></u>
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> p.m. <u></u>	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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>
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21. I attended the deceased from 6-24-63 to 6-12-63 and last saw her ^{when} alive on 7-6-63
Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>Centralia, MO</u>	22c. DATE SIGNED <u>7-13-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove Cemetery, Sturgeon, Missouri</u>	23d. LOCATION (City, town, or county) <u></u>	(State) <u></u>
24. FUNERAL DIRECTOR <u>Paul J. Ballou, Centralia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 18-1963</u>	REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 22 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 Paul J. Ballen

Licensed Embalmer No. 4206

P. O. Address Centralia, Ma.

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.

Permit issued July - 18 - 1963 - MCB