

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027583

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 136

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
10191				
28140				
3				
4 0				
5 2				
6				
7 1				
8 2				
9/99.2				
10				
11				
12 90-2				
13 20				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	MEDICAL CERTIFICATION	SHOULD BE
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD BE			

1. PLACE OF DEATH a. COUNTY Case		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Fayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belton		Length of stay in lb 4 mos.	c. CITY OR TOWN West Union
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 313 W. North St.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 103 E. Main
3. NAME OF DECEASED (Type or print) First EVERETT Middle NOAH Last PHILLIPS		4. DATE OF DEATH Month August Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-22-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Public School	9. AGE (last birthday) 83
11. BIRTHPLACE (City and state or country) Fayette County, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lemuel C. Phillips		13b. MOTHER'S MAIDEN NAME Mary Jane Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Herbert Shelton, Belton, 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) Cardiac Failure DUE TO (b) Respiratory Failure DUE TO (c) Metastatic Cancer PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) senile degeneration			INTERVAL BETWEEN ONSET AND DEATH years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from July 1, 1963 to Aug. 8, 1963 and last saw him alive on aug. 8, 1963 Death occurred at 3:40 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thos. Howard D.O.		22b. ADDRESS 314 Main, Belton, Mo.	
22c. DATE SIGNED 8-8-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-9-63	
23c. NAME OF CEMETERY OR CREMATORY West Union Cemetery		23d. LOCATION (City, town, or county) West Union, Iowa	
24. FUNERAL DIRECTOR E.K. GEORGE & SONS, INC. BELTON, MO.		25. DATE RECD. BY LOCAL REG. 8-10-63	
		26. REGISTRAR'S SIGNATURE Ray J. Lebow	

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 Jimmy S. Hutcherson

Licensed Embalmer No. 4092

P. O. Address Bellton, 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.