

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036967

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 47

FILED SEP 30 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0690

2 0690

3

4 1

5 2

6

7 0

8 2

9 4222

10

11

12 90-0

13 20

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY MONROE		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS		Length of stay in lb 6 YRS		c. CITY OR TOWN PARIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 BIRKETT ST		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 306 BIRKETT ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MAUD		Middle MOORE		Last PHILLIPS		Month Day Year SEPT. 25, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-16-1882	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min. 9 9 - -	IF UNDER 24 HR Hours Min. - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSING		10b. KIND OF BUSINESS OR INDUSTRY NURSING		11. BIRTHPLACE (City and state or country) MONROE Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES MOORE			13b. MOTHER'S MAIDEN NAME AUGUSTA JOHNSTON		14. NAME OF HUSBAND OR WIFE HENRY F. PHILLIPS <i>DECEASED</i>		
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. [REDACTED]		17. INFORMANT Address MRS CARL McCANN - PARIS, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						U.K.	
IMMEDIATE CAUSE (a) Chronic Myocarditis							
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)						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 10-19-57 to 9-25-63 and last saw her ^{him} alive on 9-25-63 Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. A. Barnett, M.D.				22b. ADDRESS Paris, Mo.		22c. DATE SIGNED 9/25/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/27/1963		23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM.		23d. LOCATION (City, town, or county) (State) 6 mi. E. of PARIS, Mo.	
24. FUNERAL DIRECTOR E. H. AGNEW		ADDRESS PARIS, Mo.		25. DATE RECD. BY LOCAL REG. 9-25-63		26. REGISTRAR'S SIGNATURE J. A. Barnett, M.D.	

1961
OCT 3 8 100

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 *E. M. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.