

21 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. APR 21 1960

60-014119

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5038 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ash Township		Length of stay in lb life		c. CITY OR TOWN Mailing address Garfield, Arkansas		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #2			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle VERNON Last PHILLIPS				4. DATE OF DEATH Month April Day 4 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-13-1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state of country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Simon Phillips			13b. MOTHER'S MAIDEN NAME Nannie Wilson		14. NAME OF HUSBAND OR WIFE Nellie Banks Phillips		
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. unknown		17. INFORMANT Address Mrs. Nellie Phillips-Garfield, Ark.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) arterial Sclerosis - Hypertension DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
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"/> N. <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 Mar - 15 - 1960 to Apr. 4, 1960 and last saw her him alive on April 4, 1960 . Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chas P. Brown, D.O.				22b. ADDRESS Seligman #40		22c. DATE SIGNED 4-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-7-1960	23c. NAME OF CEMETERY OR CREMATORY Dent Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri			
24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Missouri			25. DATE RECD. BY LOCAL REG. 4-11-60		26. REGISTRAR'S SIGNATURE Grace Williams		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D. Humbert

Licensed Embalmer No. 4674

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.