FILED APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Pearse 12698

State File No.

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 97

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada (If outside city or town limits, write "RURAL")

(d) Street No. 112½ W. Walnut (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLIE PHILLIPS 412

3. (b) If veteran, name war

3. (c) Social Security No. 493-16-5136

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 3 (Day) 1878 (Year)

8. AGE: Years 61 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) Unknown (State or foreign country)

16. (a) Informant James Phillips

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada, Mo.

19. (a) 3/23/40 (Date received local registrar) (b) Allen O. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19, year 1940 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from March 11, 1940, to March 19, 1940 that I last saw him alive on March 19, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 days
Due to Gangrenous cystitis	1 week
Due to Benign hypertrophy of prostate	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓ 137
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

7 75

While at work? ✓ (e) Means of injury

23. Signature R W Pearse Jr (M. D. or other) MD

Address Nevada Mo Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 4-40-599
Date Filed 4-8-40

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~~ Personal

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winsott

Licensed Embalmer No. 3857

P. O. Address Yuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.