DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42606

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County: Grundy
(b) City or town: Trenton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days): 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: W. Crowder Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: CLYDE Archie Phillips
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 23 (Day) 1876 (Year)
8. AGE: Years 64 Months 7 Days 11 If less than one day hr. min.
9. Birthplace: Mo Dade Co (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: 0
FATHER
12. Name: W D. Phillips
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Adelia McCue
15. Birthplace: Del (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: W D Phillips
(b) Address: Trenton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 7-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Grove
18. (a) Signature of funeral director: [illegible]
(b) Address: Trenton Mo
19. (a) 11-6-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1940 hour 7 a.m. minute M.
21. I hereby certify that I attended the deceased from Oct. 5, 1940, to Oct 5, 1940; that I last saw him alive on Oct 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Insufficiency — Duration: Hour Minute

Due to: 4 days

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: none

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):
(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)
While at work? (e) Means of injury:

23. Signature: C H Phillips MD (M. D. or other)
Address: Trenton, Mo Date signed 11-6-40

(Licensed Embalmer's Statement on Reverse Side)

Patient (decedent) probably had some organic heart lesion, I had never examined him until he was dying, I am of opinion that exertion brought on attack.

O H Mullen

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 C D Gipson, Registered Apprentice No.....

working under my personal supervision.

Signed C D Gipson

Licensed Embalmer No. 3109

P. O. Address Trenton No

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.