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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38175**

**FILED DEC 7 1945**

Registration District No. **77** Primary Registration District No. **3052** Registrar's No. **326**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**205 E Morgan, St 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community **10 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis** **80**  
(c) City or town **Sedalia** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **205 E. Morgan** **4**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Sadie Ann Phillips**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Silas Phillips** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **March 20 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **4** If less than one day hr. min.

9. Birthplace **Smithton Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business

12. Name **Enoch Buckner**

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

14. Maiden name **Angeline Bivens**

15. Birthplace **Unknown** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louvenia Hammonds**

(b) Address **205 E. Morgan - Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **11-27-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton, Mo.**

18. (a) Signature of funeral director **J. P. Alexander**

(b) Address **400 W. Cooper St. Sedalia, Mo.**

19. (a) **11-30-45** (Date received local registrar) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **24**  
year **1945** hour **9:15** minute **7** P. M.  
21. I hereby certify that I attended the deceased from **11-23**  
**1945** to **11-24-1945**  
that I last saw her alive on **11-24**, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**  
Due to **Myocarditis**

Due to **Acute**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**  
Of autopsy **[Signature]**

Duration  
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?

While at work? (Specify type of place) (e) Means of injury **0**  
23. Signature **G. R. Maddox** (M. D. or other) **M.D.**  
Address **116 1/2 W. Main** Date signed **11-26-45**

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

**1486** (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-6-45

DEC 29 1945

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4245

P. O. Address De Duin

**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 this body is not embalmed, fact should be so stated above.