

FILED MAR 28 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 8090

Registrar's No. 170

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POPLAR BLUFF HOSP. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 HR. (Specify whether
In this community 8 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111
(c) City or town PATTERSON
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ELLEN PHILLIPS

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced W.I.D. DOWNE D
6. (b) Name of husband or wife ALLISON PHILLIPS 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased FEB. 12 1873
(Month) (Day) (Year)

20. DATE OF DEATH: Month MAR day 12 year 1947 hour 2:07 minute AM

21. I hereby certify that I attended the deceased from Mar 3 1947 to Mar 4 1947
that I last saw her alive on Mar 4 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic pneumonia Duration
Due to Cardiac Decompensation

8. AGE: Years 74 Months 1 Days — If less than one day hr. min.

9. Birthplace COOKVILLE TENN. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business Home

MOTHER FATHER { 12. Name SIM BARKINS
13. Birthplace TENN. 1
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant ALPHA - Mc Cormick

(b) Address PATTERSON

17. (a) BURIAL (b) Date thereof MAR 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODS C.E.M.

18. (a) Signature of funeral director N.W. Risk

(b) Address Phidway Mo.

19. (a) 3/22/47 (b) R. D. Domettel
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C

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) —
(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 F. E. Dinelli (M. D., counties)
Address Poplar Bluff Mo. Date signed 3-21-47

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

RECEIVED

District Florida Office No.

Case File Number 347-40

Date 3-25-1

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed Marvin E. Bowler.....

Licensed Embalmer No. 4427.....

P. O. Address Piedmont, Mo.....

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.