S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16726

FILED JUN 12 1948

Registration District No. 456

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General 0 (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper 49
(c) City or town Joplin 9 (If outside city or town limits, write "RURAL")
(d) Street No. 1713 Ind. 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Deola Marie Phillips
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased December (Month) 20 (Day) 1920 (Year)

8. AGE: Years 27 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business Home
FATHER
12. Name Charles Phel
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Ruby Leatherbury
15. Birthplace Calif. (City, town, or county) (State or foreign country) 1
16. (a) Informant Carl Phillips
(b) Address 1713 Ind. Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo.
19. (a) 4-29-48 (Date received local registrar) (b) Dolores Lamphens DR. (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 8 minute 35 a M.

21. I hereby certify that I attended the deceased from April 25, 1948, 19..., to April 27, 1948 that I last saw her alive on April 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Heart and respiratory failure ; coronary thrombosis

Due to hysterectomy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Fibrotic uterus

Of autopsy Coronary Thrombosis

Duration

PHYSICIAN

Underline the cause of 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 2

23. Signature W. E. Heinlein (M. D. or other)
Address 521 W 4th Joplin, Mo Date signed 4/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-431

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 Jesse O. Sullivan, Registered Apprentice No. 99, working under my personal supervision.

Signed Cecil a. Thornhill

Licensed Embalmer No. 2590

P. O. Address Joplin, 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.