DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1948

Registration District No. 589

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22394

State File No.

Primary Registration District No. 5173

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Summit Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Mi South of Holts Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural - Holts Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi South or Hwy 54
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Cockrell Phillips

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Della Phillips

6. (c) Age of husband or wife if alive 52 years

7. Birth date of de[illegible] June (Month) 15 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	0	25	hr. min.

9. Birthplace Boone County (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James W. Phillips
13. Birthplace Boone County (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Rebecca Edwards
15. Birthplace Macon (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs J. C. Phillips
(b) Address Holts Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hope Well Cem.

18. (a) Signature of funeral director Roy A. Holt
(b) Address New Bloomfield Mo

19. (a) July 10 1948 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 9/47, 19__, to July 10, 1948 that I last saw him alive on 7/10 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	few hrs.
Due to: Coronary atherosclerosis	P.C.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Jefferson City Mo Date signed 7/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number JUL 20 1948
Date Filed

APR 16 1957

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 Leroy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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

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