

S. No. 300
M-10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26027

Registration District No. 122

Primary Registration District No. 4208

State File No. _____

Registrar's No. 19

1. PLACE OF DEATH

(a) County Greene

(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Republic, Mo 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Marion Phillips

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1948 hour _____ minute 50 a.m.

21. I hereby certify that I attended the deceased from Feb. 1948
19 _____ to Aug. 26, 1948 19 _____

that I last saw him alive on Aug 25, 1948 19 _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife CHARA Burkhead Phillips 6. (c) Age of husband or wife if 82 years

7. Birth date of deceased June 16 1856
(Month) (Day) (Year)

| | | | |
|---------------|----------|-----------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| <u>92</u> | <u>2</u> | <u>10</u> | hr. _____ min. _____ |

Immediate cause of death arteriosclerosis cerebral vas. hemorrhage Duration _____

Due to Generalized arteriosclerosis

Due to _____

9. Birthplace Greene County, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Grain & stock farmer

12. Name Thomas Phillips

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

14. Maiden name Elizabeth Gibson

15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Clara Phillips

(b) Address Republic Mo

17. (a) Burial (b) Date thereof Aug-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazewood Chapel

18. (a) Signature of funeral director Walter Brown

(b) Address Walter Brown Mo

19. (a) 8/27/48 (b) Florence Brittain
(Date received local registrar) (Registrar's signature)

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 _____

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

Address Republic, Mo Date signed 8-27-48

RECEIVED
Greene County Health Office.

County File Number. 48-2-66

Date Filed 8-30-48

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.....

James R. Phelps, Registered Apprentice No. 2115
working under my personal supervision.

Signed Gene A. Barr

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.