S. No. 300
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FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9210

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion 67
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 3 4
d. STREET ADDRESS (If rural, give location): 1204 Colfax O

3. NAME OF DECEASED (Type or Print)
a. (First): Meade
b. (Middle): Clay
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): March 30 1949

5. SEX: Male O

6. COLOR OR RACE: White

7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): O

8. DATE OF BIRTH: Oct. 10. 1863

9. AGE (In years last birthday): 85 — If under 1 year: Months ~~5~~ Days ~~10~~ — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Siloam Spring. ILL

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Phillips

13b. MOTHER'S MAIDEN NAME: Martha Long.

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Henry Phillips 1204 Colfax — ADDRESS: Hannibal MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 1204
DUE TO (c): Arteriosclerosis 68 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip

19a. DATE OF OPERATION: 9 March 49

19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture left hip

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident street

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hannibal Marion MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 6 1949 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Struck by auto 119

22. *I hereby certify that I attended the deceased from* 6 March 1949, *to* 30 March 1949, *that I last saw the deceased alive on* 30 March, 1949, *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Polly MD O

23b. ADDRESS: 228 Broadway Hannibal MO

23c. DATE SIGNED: 4/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-2-49

24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery

24d. LOCATION (City, town, or county) (State): Rockport Pike ILL

DATE REC'D BY LOCAL REG.: 4/2/49

REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By WC Fisher Deputy

25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell — ADDRESS: Hannibal MO

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed Michael J. O'Donnell

Signed .....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.