S. No. 300
v. 10.48

FILED MAY 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11648

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 155

12
7
3

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF MO
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOCTORS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUTLER 12
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF MO. 7
d. STREET ADDRESS (If rural, give location): 312 N. B. St. 3

3. NAME OF DECEASED (Type or Print)
a. (First): JULIA
b. (Middle): ELLEN
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): April 25 1949

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug. 26 1881
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): PITTSBURG PA.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS PENNY
13b. MOTHER'S MAIDEN NAME: ELIZ BRYANT
14. NAME OF HUSBAND OR WIFE: SAM N. PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: *********
17. INFORMANT'S SIGNATURE OR NAME: SAM N. PHILLIPS — ADDRESS: POPLAR BLUFF 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): Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac failure
DUE TO (c): Cardio-Vascular hypertensive disease 443X

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18, 1949, *to* 4-25, 1949, *that I last saw the deceased alive on* 4-26, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. D. Markel M.D. O
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 4-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/27/49
24c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): POPLAR BLUFF MO.

DATE REC'D BY LOCAL REG.: April 29, 1949
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 O
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Frank Cotrell — Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 REC'D

BUTLER COUNTY HEALTH CENTE

S-49-80

5-2-49

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 Grover W. Green

Signed ..... Student Embalmer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.