

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22823**

FILED AUG. 3 1949

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

BIRTH NO. _____		REG. DIST. NO. <b>62</b>		PRIMARY REG. DIST. NO. <b>5240</b>		Registrar's No. <b>20</b>	
1. PLACE OF DEATH a. COUNTY <b>CEDAR</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CEDAR</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>CAPLINGER MILLS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>CAPLINGER MILLS</b>		20 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GREEN</b>			b. (Middle)			c. (Last) <b>PHIPPS</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 15, 1949</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>Oct. 7, 1866</b>		9. AGE (In years last birthday) <b>82</b>		10. UNDER 1 YEAR Months <b>9</b> Days <b>8</b>		11. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>CEDAR COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>ISAAC PHIPPS</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET ROUTH</b>			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) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Isaac Phipps, Stockton, Mo.</b>			
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) <b>apoplexy</b> 12 hrs.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>3398</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>cedar Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 1, 1949</b> to <b>July 15, 1949</b> that I last saw the deceased alive on <b>7-14-49</b> , and that death occurred at <b>7:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W.D.O.</b>				23b. ADDRESS <b>Stockton Mo.</b>		23c. DATE SIGNED <b>7-14-49</b>	
24a. BURIAL OR CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>BURIAL</b>		<b>7-17-1949</b>		<b>OLD UNION</b>		<b>CEDAR COUNTY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-27-1949</b>		REGISTRAR'S SIGNATURE <b>Geneva Garrison</b>		54 25. FUNERAL DIRECTOR'S SIGNATURE <b>John A. Cantlon</b>		ADDRESS <b>Stockton, Mo.</b>	

RECEIVED

District Health Officer No.

District File Number 7-49-9

Date Filed 8-2-4

**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 John A. Cantlon

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4387

P. O. Address Stockton, W

**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.