

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25158
6583

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No.			
I. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer P. Phillips				d. STREET ADDRESS (If rural, give location) 17 3761 Finney					
3. NAME OF DECEASED (Type or Print) Lizzie			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949			5. SEX F			6. COLOR OR RACE Caucasian		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH April 18, 1884			9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Williams			
13b. MOTHER'S MAIDEN NAME Lizzie			14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Edna Taylor			ADDRESS 3761 Finney			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, Cerebral apoplexy ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 <input type="checkbox"/> NO <input 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) 103		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H H H X		22. I hereby certify that I attended the deceased from July 1, 1949, to July 27, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 7:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Walter A. Young				23b. ADDRESS 2337 Maple		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) SHIP		24b. DATE July 30/49		24c. NAME OF CEMETERY OR CREMATORY Clarkdale		24d. LOCATION (City, town, or county) (State) Mississippi			
DATE REC'D BY LOCAL REG. JUL 30 1949		REGISTRAR'S SIGNATURE J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE F. G. Green		ADDRESS 4214 Delman			

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.....

Georton Swan

Signed.....

Student Embalmer

Licensed Embalmer No. *24580*

P. O. Address *4214 D. Ave*

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.