

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27559

State File No. _____

No. 300
10.48

FILED AUG 23 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>4386</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Deacon</u>		c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-----13--1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5---9---1949</u>	9. AGE (In years last birthday) <u>75</u>	If UNDER 1 YEAR Months <u>2</u>	If UNDER 24 HRS. Days <u>4</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.P. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lyndon, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Roy Phillips</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fitch</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte Phillips</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Rethwisch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Rethwisch</u>			
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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 <u>Two days</u> <u>Three years</u> <u>8 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
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 <u>July 13, 1949</u> , to <u>July 13, 1949</u> , that I last saw the deceased alive on <u>July 13, 1949</u> , and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.A. Barnes M.D.</u> (Degree or title)				23b. ADDRESS <u>Thayer, Mo</u>		23c. DATE SIGNED <u>Aug 9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7--16--1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-16-49</u>		REGISTRAR'S SIGNATURE <u>Ella Cross</u>		416		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland Carter</u> ADDRESS <u>Thayer, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Barnes

RECEIVED 8/18/49
District Health Officer No. 5,
District File Number 849576
Date Filed 8/18/49

AUG 23 1949

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Richard Carter

Licensed Embalmer No. 4516

P. O. Address Shayler, Md.

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.