S. No. 300
v. 10.48

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

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29995

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Privet Home in east east part of Bethany

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mossouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany East Part
d. STREET ADDRESS (If rural, give location): East Part of Bethany

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

4. DATE OF DEATH (Month) (Day) (Year): Aug 18 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Aug 20 1888
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months 11 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harrison County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Phillips
13b. MOTHER'S MAIDEN NAME: Mary Mc Cay
14. NAME OF HUSBAND OR WIFE: Bessie Phillips Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Cecil C. Phillips
ADDRESS: Eagleville 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) Hemiplegia (left) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 2 days
DUE TO (c) Arteriosclerosis & hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 33 1X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Bethany (COUNTY): Harrison (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Feb 1, 1949, *to* Aug 18, 1949, *that I last saw the deceased alive on* Aug 18, 1949, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. J. Baumgardner
(Degree or title): DO
23b. ADDRESS: Albany Mo
23c. DATE SIGNED: 8/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 21 1949
24c. NAME OF CEMETERY OR CREMATORY: Kidwell Cemetry
24d. LOCATION (City, town, or county): Martinsville
(State): Mo

DATE REC'D BY LOCAL REG.: Sept 6-49
REGISTRAR'S SIGNATURE: John Burris M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: W H Noble
ADDRESS: New Hampton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Signed W G Noble

Signed.....
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.