

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Star File No. 34476

BIRTH NO. _____		REG. DIST. NO. 271		PRIMARY REG. DIST. NO. 5792		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <i>Moniteau Co.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>			
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural - Barriss Forks</i>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i>		d. STREET ADDRESS (If rural, give location) <i>Three mi. S. of High Point Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hannon Inf.</i>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <i>SAMSON</i>			b. (Middle) <i>EDWARD</i>			c. (Last) <i>PHILLIPS</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 22 1949</i>							
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>JAN 27 1869</i>	
9. AGE (In years last birthday) <i>80</i>		if UNDER 1 YEAR Months <i>8</i>		if UNDER 1 YEAR Days <i>25</i>		if UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Moniteau Co. Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME <i>George Phillips</i>			13b. MOTHER'S MAIDEN NAME <i>Nancy Simpson</i>			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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Marvin Phillips</i> ADDRESS <i>High Point Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>				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. _____					
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) <i>Barriss Forks Moniteau Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <i>May 2 1945</i> to <i>Oct 14 1949</i> , that I last saw the deceased alive on <i>Oct 4 1949</i> , and that death occurred at <i>7 1/2</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>D. D. Davini</i> (Degree or title) _____				23b. ADDRESS <i>California</i>		23c. DATE SIGNED <i>10/28/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>10-24-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>High Point Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>High Point Mo.</i>	
DATE REC'D BY LOCAL REG. <i>10/31/49</i>		REGISTRAR'S SIGNATURE <i>C. H. Nail</i> 198		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh E. Williams</i> ADDRESS <i>California Mo.</i>			

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

RECEIVED
NOV 2 1919
District Health Officer No. 9
District File Number

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.

Student _____
Student Embalmer

Signed Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.