

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10086**
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 122

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington RURAL St. Francois | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville 0721 | |
| c. LENGTH OF STAY (In this place) 6 Y; 7 M; 6 das. | | d. STREET ADDRESS (If rural, give location) Unknown | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4 | | | |

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|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WILLIAM c. (Last) PHILLIPS | | | 4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married (?) | 8. DATE OF BIRTH May 10, 1868 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 10 Days 20 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Dunklin County, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME Allie Phillips | 13b. MOTHER'S MAIDEN NAME Theresa Adams | 14. NAME OF HUSBAND OR WIFE Unknown |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 4 das. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c) | | Years Unk. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Senile Psychosis | Abt. 8 yrs. |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
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| 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) |
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| | | |
|---|--|----------------------------|
| 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 Nov. 17, 1949 to March 30, 1950, that I last saw the deceased alive on March 30, 1950 and that death occurred at 8:35 A.m., from the causes and on the date stated above.

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|---|---|---------------------------------|
| 23a. SIGNATURE <i>John A. Brennan</i> (Degree or title) | 23b. ADDRESS State Hospital No. 4, Farmington, Mo. | 23c. DATE SIGNED 3-31-50 |
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|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr. 1, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Portageville Cem. | 24d. LOCATION (City, town, or county) (State) Portageville, Mo. |
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| DATE REC'D BY LOCAL REG. Apr. 1, 1950 | REGISTRAR'S SIGNATURE <i>Ether Redland</i> | 25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Home, Portageville, Mo | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48440
2

APR 12 1950

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-547

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.