

FILED JUL 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19361

BIRTH NO. _____		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 4049		Registrar's No. 41				
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give town) Centralia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Centralia		0100				
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Columbia St.				d. STREET ADDRESS (If rural, give location) N. Columbia St.						
3. NAME OF DECEASED (Type or Print)		a. (First) Marion		b. (Middle) F.		c. (Last) Phillippe		4. DATE OF DEATH (Month) (Day) (Year) July - 7 - 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 15 - 1865		9. AGE (In years last birthday) 84		10. NUMBER OF YEARS UNDER 1 YEAR 9 22		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Daniel Phillippe			13b. MOTHER'S MAIDEN NAME Harrietta Oliver			14. NAME OF HUSBAND OR WIFE Lillie Phillippe				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Jesse		ADDRESS Centralia, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Myocarditis & Degeneration						INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Syndrome DUE TO (c) Atherosclerosis						472X			
18. CAUSE OF DEATH	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 checked="" 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)						
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 11-4-47 ¹⁰ , to 7-7-50 ⁹ , that I last saw the deceased alive on 7-4-50 ⁹ , and that death occurred at 1:30A m., from the causes and on the date stated above.										
23a. SIGNATURE J. O. Baker, D.O.				(Degree or title)		23b. ADDRESS Centralia, Mo.		23c. DATE SIGNED 7-7-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8 - 1950		24c. NAME OF CEMETERY OR CREMATORY Seward Grove Cemetery		24d. LOCATION (City, town, or county) (State) 7 Mi. So. Sturgeon, Mo.				
DATE REC'D BY LOCAL REG. July 8 - 1950		REGISTRAR'S SIGNATURE Maud McBride		30		25. FUNERAL DIRECTOR'S SIGNATURE Paul Q. Ballew		ADDRESS Centralia, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-11-5

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-11-5

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 *Paul J. Ballou* _____

Licensed Embalmer No. 4206

P. O. Address *Centuria, 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.