

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1950

State File No.

S. No. 300
EV. 10.48

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>908 S. Foreman St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>PEARL</u> c. (Last) <u>PHILLIPS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1950</u>
---	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7/4/1886</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pettis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>CALVIN GEHRINGER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH DEWITT</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS S.</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>Thomas S. Phillips</u> ADDRESS <u>Clinton Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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.		INTERVAL BETWEEN ONSET AND DEATH— <u>40 minutes</u> <u>4/201</u>
--	---	--	--

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	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 6/21, 1950, to 6/22, 1950, that I last saw the deceased alive on 6/22, 1950, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed. C. Peeler</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>6/22/50</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/24/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 27 1950</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	4225 FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Consalvo</u> ADDRESS <u>Clinton Mo</u>
--	---	---

500
6/19 700

RECEIVED 6-26-50
District Health Officer No. 7,
District File Number 550-209
Date Filed 6-26-50

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 J. E. Consolev
Licensed Embalmer No. 1891

P. O. Address Clinton, 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.