

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27311

State File No.

BIRTH NO. <u>135</u>		REG. DIST. NO. <u>135</u>	PRIMARY REG. DIST. NO. <u>4245</u>	Registrar's No. <u>1157</u>
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oronogo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN <u>0695</u>		
c. LENGTH OF STAY (in this place) 30 Min.		d. STREET ADDRESS (If rural, give location) 101 Nevada St. 101 Park <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED a. (First) HENRY		b. (Middle) HARRISON		c. (Last) PHILLIPS
4. DATE OF DEATH August 4, 1950				
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1882	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Dealer		10b. KIND OF BUSINESS OR INDUSTRY Sealing Fruit	11. BIRTHPLACE (State or foreign country) Joplin Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Phillips		13b. MOTHER'S MAIDEN NAME no data		14. NAME OF HUSBAND OR WIFE Mrs. Lena F. Phillips
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Frank Passley
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) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) CARDIAC DECOMPENSATION UNKNOWN II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Instant. <u>4201</u>
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) (Min.)		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 <u>17 April, 1950</u> , to <u>4 Aug.</u> , 1950, that I last saw the deceased alive on <u>3 Aug.</u> , 1950, and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>D. Douglas M.D.</u> (Degree or title)		23b. ADDRESS <u>Joplin Mo. 218 Frisco Bldg.</u>		23c. DATE SIGNED <u>8/21/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-50		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial
24d. LOCATION (City, town, or county) Joplin, Missouri		24e. (State)		
DATE REC'D BY LOCAL REG. <u>Aug 21-50</u>		REGISTRAR'S SIGNATURE <u>Clifford H. Webb</u>		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis
				ADDRESS Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

490
3

RECEIVED 8-29-50
Jasper County Health Office

County File Number 50-8-624

Date Filed 8-29-50

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.