

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31045

State File No. ....

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>615 West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 West Main</u>		e. STREET ADDRESS (If rural, give location) <u>615 West Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Phipps</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 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>April 26, 1875</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Pinkney Whitener</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Clifton</u>		14. NAME OF HUSBAND OR WIFE <u>John T. Phipps</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John T. Phipps, Fredericktown, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Cerebral Haemorrhage Feby 13 50</u>		332X	

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)
--	--	---

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 1950, 1950 to 8-26, 1950, that I last saw the deceased alive on 8-26, 1950, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Slaughter M.D.</u>	23b. ADDRESS <u>135 W Main Fredericktown</u>	23c. DATE SIGNED <u>8-28-50</u>
--	--	---------------------------------

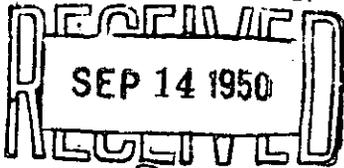
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County Missouri</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-2-1950</u>	REGISTRAR'S SIGNATURE <u>Fredericktown, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Dain, Jr. Fredericktown, Mo.</u>
--	---	--

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

062  
1

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 950-21

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.