

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

State File No.

38016

0820
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5948 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ashley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ashley</u> <u>0820</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Horne</u>			
3. NAME OF DECEASED a. (First) <u>Edmond</u> b. (Middle) <u>Lee</u> c. (Last) <u>Philips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb 20 1863</u>
9. AGE (In years, Months, Days) <u>9 2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacy</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pike Co MO</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James W. Philips</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bullock</u>	14. NAME OF HUSBAND OR WIFE <u>no</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Carol Edwards</u> ADDRESS <u>Ashley 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>Cerebral Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</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. <u>c</u>	
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	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? <u>no</u>	
22. I hereby certify that I attended the deceased from _____, 19 <u>40</u> , to <u>11-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>50</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Matheis</u> (Degree or title)		23b. ADDRESS <u>Bowling Green</u>	23c. DATE SIGNED <u>11-24 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-22-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashley</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
DATE REC'D. BY LOCAL REG. <u>11/27/50</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Janshead</u> ADDRESS <u>Bowling Green MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 8 1960
DISTRICT HEALTH OFFICE #2
District File Number 12-50-207
Date Filed: DEC 11 1960

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 Harold C. Kinsie

Licensed Embalmer No. 4597

P. O. Address Banking Green

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.