

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1782

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3440 Registrar's No. 2

0592 /

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 2 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 Wise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe 0592	
		d. STREET ADDRESS (If rural, give location) 127 Brunswick	
3. NAME OF DECEASED a. (First) Hannah b. (Middle) Margaret c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Jan 8 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 17 1864
9. AGE (In years last birthday) 86		10. KIND OF BUSINESS OR INDUSTRY over Home	11. BIRTHPLACE (State or foreign country) Grundy County Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Dawson P. Crews		13b. MOTHER'S MAIDEN NAME Margaret Ann Yates	14. NAME OF HUSBAND OR WIFE John Riley Phillips
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Albert Jacoby, 127 Brunswick, Chillicothe, Mo.
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>Arteriosclerotic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Profuse hemorrhage</u> DUE TO (c) <u>Chronic myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>home</u>		19b. MAJOR FINDINGS OF OPERATION	
18. INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>5 yrs.</u> <u>5410</u>	
19a. DATE OF OPERATION <u>home</u>		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 <u>Jan 5</u> , 19 <u>51</u> , to <u>Jan 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 7</u> , 19 <u>51</u> , and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Russell M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>	
23c. DATE SIGNED <u>1/9/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wallace Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-9-51</u>		REGISTRAR'S SIGNATURE <u>Frances B Neallo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>		ADDRESS <u>Funeral Home Laredo Mo</u>	

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



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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.