No. 300
10.48

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7159

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 107 South Tucker

0972

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): Jane
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): February 15 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 15-1929
9. AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months 4 Days 4
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Marshall Junction 40-65 Highway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Virgil Morris
13b. MOTHER'S MAIDEN NAME: Marie Sigman
14. NAME OF HUSBAND OR WIFE: R.M. Phillips Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: R.M. Phillips Jr.-Marshall-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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Glomerulonephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
592x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 8, 1951, *to* Feb 19, 1951, *that I last saw the deceased alive on* Feb 19, 1951, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: James A Reed (Degree or title): MD
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 2-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/22/51
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park Cem
24d. LOCATION (City, town, or county) (State): Marshall-Missouri

DATE REC'D BY LOCAL REG.: Feb 21-1951
REGISTRAR'S SIGNATURE: Sidney T Gray
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Leslie Dorsey-Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-26-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2-26-51

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.

Signed J. Leslie Sussney

Signed _____
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.