

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5655 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6 mi. S. Mt. Vernon</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>TAYLOR</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 11, 1872</u>
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>15</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Lige Phillips</u>	
13b. MOTHER'S MAIDEN NAME <u>Mollie Preston</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Dean Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Martha Gannette</u>		ADDRESS <u>Hobart 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Ch. 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		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
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)		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>5/27/57</u> , to <u>6/27/57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/27</u> 19 <u>57</u> , and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Emmett Glover, M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Mo</u>	
23c. DATE SIGNED <u>6/27/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-28-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>6 mi. S. Mt. Vernon Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Fossett</u>	
25. ADDRESS <u>Mt. Vernon Mo</u>		DATE REC'D BY LOCAL REG. <u>June 27 1957</u>	
REGISTRAR'S SIGNATURE <u>Paul Goodrich</u>		411	

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

No. 300  
10.48

550

~~DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield~~

~~RECEIVED JUN 28 1951~~

~~Dist. File~~

~~Date Filed~~

~~DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield~~

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUN 28 1951

Dist. File 627-1403

Date Filed 6-29-51

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 ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. H. Lassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Va

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.