

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27603

0600
1

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>			
b. CITY OR TOWN <u>ATLANTA - PINEVILLE</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEVILLE</u> <u>0600</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN-</u> b. (Middle) <u>ELWIN-</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-2-51</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M-</u>		8. DATE OF BIRTH <u>4-29-1866</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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 <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>HARRISONVILLE-MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>J. M. PHILLIPS</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA-YORK</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE PHILLIPS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna B. Phillips, Noel, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... <u>atherosclerosis</u> DUE TO (b) <u>atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>5 yrs</u>	
19. DATE OF OPERATION _____		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) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>				22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>Aug 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>51</u> , and that death occurred at <u>8:00</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>A. S. Fountain D.O.</u> (Degree or title)		23b. ADDRESS <u>Noel Mo</u>		23c. DATE SIGNED <u>Aug 9</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE MO</u>		24d. LOCATION (City, town, or county) (State) <u>PINEVILLE-MO</u>	
DATE REC'D BY LOCAL REG. <u>8-9-51</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. W. Humphrey Pineville, Mo.</u>			

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

RECEIVED SEP 6 1951

Dist. File 93-15-93
Data Filed 9-6-51

JUN 13 1952

McDONALD
MABEL PINEVILLE
W. W. W.

JOHN - ELWIN PHILLIPS

AUG 27 1952

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 Mayne E Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of McDonald } ss.

State File No. 27603
Local Registrar's No. 57

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8 day of July, 1952, before me appears ANNA B PHILLIPS

who, upon HER oath, states that the original record of ~~death~~ death
for JOHN ERWIN PHILLIPS died 8-2, 1951, in the State of
Missouri, and which was filed at PINEVILLE on 8-9, 1951, should be corrected as follows:

Item No. 14 should read ANNA B. PHILLIPS

Instead of.....

Item No. 17 should read ANNA B PHILLIPS, Noeh, Mo.

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Anna B. Phillips
Relationship

42

Now, Missouri
Present Address.

Subscribed and sworn to before me this 28th day of July, 1952

My Commission expires March 14, 1954 Henry K. Hanover Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.