

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30064**

FILED SEP 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 80

414  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. LENGTH OF STAY (in this place) <b>11 mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Morrow Twp.</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Sullivan Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>RFD 3, Novinger</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b> b. (Middle) <b>May</b> c. (Last) <b>Phipps</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>April 16, 1887</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>	11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Bradley Stewart</b>	13b. MOTHER'S MAIDEN NAME <b>Alice J. Newman</b>	14. NAME OF HUSBAND OR WIFE <b>Elmore W. Phipps</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Phipps, Green Castle, Mo.</b> ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>3 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Neuritis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5937</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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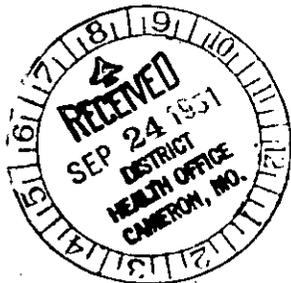
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1950, to Sept 13, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Merriam Gearhart</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Bethany Mo.</b>	23c. DATE SIGNED <b>9/13/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Green Castle Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/21/51</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son</b> ADDRESS <b>Green City, Mo.</b>
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**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 Karl R. Fent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.