

FILED SEP 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30087

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 150

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor
 c. LENGTH OF STAY (in this place) 1 week
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Windsor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Henry
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Leeton
 d. STREET ADDRESS (If rural, give location) n.r. #1 Leeton

3. NAME OF DECEASED
 a. (First) Parker b. (Middle) _____ c. (Last) Phillips

4. DATE OF DEATH August 28, 1951
 (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 25, 1860

9. AGE (In years last birthday) 91
 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nelson Phillips

13b. MOTHER'S MAIDEN NAME Rebecca M. Ludy

14. NAME OF HUSBAND OR WIFE Lizia Sarah Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Alta Phillips ADDRESS Leeton, Missouri

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) Coronary Insufficiency
 ANTECEDENT CAUSES Coronary & Arteriosclerotic Heart Disease
 DUE TO (b) _____ DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS 4201
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 wk
4 yrs

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) _____

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 Aug 20, 1951, to Aug 28, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 4:20 m., from the causes and on the date stated above.

23a. SIGNATURE Claude M. Shurber (Degree or title) _____

23b. ADDRESS W.D. 114 Main Windsor, Mo.

23c. DATE SIGNED 9/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-29-51

24c. NAME OF CEMETERY OR CREMATORY Greer Cemetery

24d. LOCATION (City, town, or county) (State) Johnson County, Missouri

DATE REC'D BY LOCAL REG. Sept 10-51

REGISTRAR'S SIGNATURE Florence Adair

25. FUNERAL DIRECTOR'S SIGNATURE W.B. Brunninger ADDRESS Warrensburg, Mo.

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

20

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51 _____

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.

Student _____
Student Embalmer

Signed *M. P. Braunniger*

Licensed Embalmer No. 3377

P. O. Address *Warrensburg, 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.