

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32912

State File No.

FILED OCT 15 1951

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark <u>0220</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark			d. STREET ADDRESS (If rural, give location) Ozark <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) F c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Aug 25 1951		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14, 1987	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Andrew J Phillips		13b. MOTHER'S MAIDEN NAME Mournen Miller		14. NAME OF HUSBAND OR WIFE Abbie Phillips	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes no 2'		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Abbie Phillips ADDRESS Ozark Mo	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis <u>10 minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) He had had several attacks but 3 yrs 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
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 June, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE R. R. Farthing M.D. (Degree or title)		23b. ADDRESS Ozark Mo		23c. DATE SIGNED Aug 30-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 28, 1951		24c. NAME OF CEMETERY OR CREMATORY Linden		24d. LOCATION (City, town, or county) (State) Christian Mo	
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DATE REC'D BY LOCAL REG. Sept 1-1951		REGISTRAR'S SIGNATURE Loretta Leonard <u>59</u>		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chabon ADDRESS Ozark, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED

OCT 1 - 6 1951

Dist. File 10-10-1951

Date Filed 10-10-51

OCT 30 1951

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.