

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Shelby 1020</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY OR TOWN <u>Rural - Bethel</u>		c. CITY OR TOWN <u>Rural - Bethel 1020</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location), HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Guyman</u> c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 5, 1906</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Daniel Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Ida May Guyman</u>	14. NAME OF HUSBAND OR WIFE <u>Velma Louise</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>4-720-117-2434</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Velma Phillips Shelbyville Mo</u>		ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cancer of the Mediastinum</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		

19a. 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) (Min)	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 July 30, 1941, to Nov 6, 1951, that I last saw the deceased alive on Nov 5, 1951, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard V. Dutton D.O.</u>	23b. ADDRESS <u>Bethel Mo</u>	23c. DATE SIGNED <u>Nov 13, 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u>
		24d. LOCATION (City, town, or county) (State) <u>Shelby County Mo</u>

DATE REC'D BY LOCAL REG <u>Nov-15-51</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u>	ADDRESS <u>Shelbyville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: NOV 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-2087  
Date Filed: NOV 20 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.....

.....  
working under my personal supervision.

*Myself*

Student Embalmer No.....

Signed.....

*E. P. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1633*

P. O. Address *Shelbyville 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.