

No. 300 FEB 19 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3902 Registrar's No. 4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>311 West Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dougherty Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Alice</u> c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1879</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>30</u>	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Wellsville, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>David Perry</u>	13b. MOTHER'S MAIDEN NAME <u>Blackshaw</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Irvin Phillips</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Irvin Phillips, Vandalia, Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	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. DUE TO (b) <u>Chronic Malignant Hypertension</u> DUE TO (c) <u>Arteriosclerosis - Nephrosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>445X</u>	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 Jan-2, 1940, to Feb-11, 1952, that I last saw the deceased alive on Feb-11, 1952, and that death occurred at 4:21 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Dougherty, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Vandalia, Mo.</u>	23c. DATE SIGNED <u>2/12/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bellflower, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 13 1952</u>	REGISTRAR'S SIGNATURE <u>Mallie Ferguson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Wataas</u>	ADDRESS <u>Vandalia, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1954

100291

**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 Amos B. Stater

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.