

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4310

State File No.

FILED MAR 11 1952

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 17

02304

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

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KAHOKA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>	
c. LENGTH OF STAY (in this place) <u>15</u>		d. STREET ADDRESS (If rural, give location) <u>0990</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEBB NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ALVA</u>	b. (Middle) <u>WARREN</u>	c. (Last) <u>PHILLIPS</u>	<u>2</u>	<u>28</u>	<u>52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-14-1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON COUNTY, IA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>GEO PHILLIPS</u>		13b. MOTHER'S MAIDEN NAME <u>MELLISSA BALL</u>		14. NAME OF HUSBAND OR WIFE <u>HARRIET E 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>✓ Clarence S. Phillip's Memphis</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular</u>		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>Months</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Renal Syndrome</u>			
		DUE TO (c) <u>with Brachy</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442X</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) _____		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 Feb, 1952 to Feb, 1952 that I last saw the deceased alive on Feb 23, 1952 and that death occurred at 6:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Perry S. Barton D.O. Coroner</u>		23b. ADDRESS <u>Kahoka, Mo.</u>		23c. DATE SIGNED <u>2-29-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/1/52</u>		24c. NAME OF CEMETERY OR CREMATOR <u>MEMPHIS CEMETERY</u>	
DATE REC'D BY LOCAL REG. <u>3/5-52</u>		REGISTRARS SIGNATURE <u>J. Haringer 61-1</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Old Wayne & Sons Memphis</u>				ADDRESS _____	

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



Licensed Embalmer No. 2196

P. O. Address Memphis, 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.