

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7853**

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4144** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Pilot Grove</b>	c. LENGTH OF STAY (in this place) <b>10</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Pilot Grove, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pilot Grove</b>		d. STREET ADDRESS (If rural, give location) <b>3rd Street 12711</b>	
3. NAME OF DECEASED a. (First) <b>KATHERINE</b> b. (Middle) <b>-GENTRY</b> c. (Last) <b>-PHILLIPS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 8-1952</b>
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Mar-9-1857</b>
9. AGE (In years last birthday) <b>95</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>W.T. Gentry</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Ann Roe</b>	14. NAME OF HUSBAND OR WIFE <b>W.R. Phillips - Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs W R Reavis</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (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) m. <b>✓</b>	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 <b>Dec 1951</b> , to <b>April 8, 1952</b> , that I last saw the deceased alive on <b>April 9, 1952</b> , and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Emmett J. D.</b>		23b. ADDRESS <b>Pilot Grove Mo</b>	23c. DATE SIGNED <b>4-9-52</b>
24a. HOSPITAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Apr 10-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pilot Grove Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Pilot Grove Mo</b>
DATE REC'D BY LOCAL REG. <b>4-10-52</b>	REGISTRAR'S SIGNATURE <b>D. Cooper 3510</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hayes &amp; Painter, Pilot Grove, Mo</b>	

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

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APR 19 1952

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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 Peyton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Quilts Grove, Md.

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.