S. No. 300
v. 10.48

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FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9031

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5210 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: McDonald Center Twp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Center Twp
d. STREET ADDRESS (If rural, give location): 0600

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): Etta
c. (Last): Phillippy

4. DATE OF DEATH (Month) (Day) (Year): April 9 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan 29 1872
9. AGE (In years last birthday): 75 — If under 1 year: Months 2, Days 18 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Coffeyville Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Roley Buckles
13b. MOTHER'S MAIDEN NAME: Ellen Stewart
14. NAME OF HUSBAND OR WIFE: Mat Shafer (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Roley Shafer, Rocky Comfort Mo Rt #1

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension c̄ Cardiac Disease — 13 yrs.

DUE TO (c): Cardiac & Circulatory Disorder — do.

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: 443X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Apr. 9, 1952, that I last saw the deceased alive on Apr 9, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE: Ethel L. Holmes D.O. (Degree or title)
23b. ADDRESS: Wheaton Mo
23c. DATE SIGNED: 4/11/52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11 1952
24c. NAME OF CEMETERY OR CREMATORY: Ousley Cemetery
24d. LOCATION (City, town, or county) (State): McDonald County Mo
DATE REC'D BY LOCAL REG.: April 12, 1952
REGISTRAR'S SIGNATURE: O. E. Plumlee
25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS): W. Morris Rogers Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.