

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16108

State File No. _____

128

2000

Registrar's No. 443-A

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove 1370</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSARK OSTEOPATHIC HOSPITAL</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Phillips</u> c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1952</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>April 30, 1884</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Felix B. Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Brussel</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Dora Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dora Phillips</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post surgical shock which a colectomy was performed</u> DUE TO (c) <u>Intestinal obstruction of the recto-sigmoid junction</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <u>Inanition and debilitation</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <u>5/2/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of recto-sigmoid junction and Carcinomatous metastasis of the rectum</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>154X</u>		

22. I hereby certify that I attended the deceased from 4/19, 1952 to 5/3, 1952, that I last saw the deceased alive on 5/3, 1952, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Deland E. Wetzel, M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>5/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cemetery, Dade Co.</u>	24d. LOCATION (City, town, or county) (State) <u>Neo</u>		
DATE REC'D BY LOCAL REG. <u>5-12-52</u>		REGISTRAR'S SIGNATURE <u>James A. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brim - Daniel Ash Grove Neo</u>	

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

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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 _____

working under my personal supervision.

Student embalmer No.

Signed _____

Gayle L. Hamilton

Signed.....
Student Embalmer

Licensed Embalmer No. 4702

P. O. Address Ash Grove, N.C.

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.