

XC-965 05 43
Reg. # 102,152
FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18962
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1426

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 15 DAYS	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. STREET ADDRESS RR#3 (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) DEARREL		b. (Middle) (NMI)	
c. (Last) PHILLIPS		4. DATE OF DEATH (Month) (Day) (Year) MAY 31, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 3 JANUARY 1908
9. AGE (In years last birthday) 44 YRS		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) DOUGLAS COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN W. PHILLIPS	
13b. MOTHER'S MAIDEN NAME MARGRETTA RICKMAN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.		ADDRESS	
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) HEMORRHAGE, INTRAVENTRICULAR (ACUTE POST-OP) 4 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CRANIOTOMY, TRANSVENTRICULAR APPROACH 24 hrs.	
DUE TO (c) COLLOID CYST OF 3RD VENTRICLE		5 Mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		- 2/3X	
19. DATE OF OPERATION 5/31/52		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. MAJOR FINDINGS OF OPERATION (1) CRANIOTOMY-REMOVAL COLLOID CYST 3RD VENTRICLE (2) CRANIOTOMY-INTRAVENTRICULAR HEMORRHAGE		21a. ACCIDENT (Specify) NONE	
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 May 16 1952 to May 31 1952 , and that death occurred at 9:35 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R.A. ALLEN <i>R.A. Allen</i> (Degree or title) M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.	
23c. DATE SIGNED 5-31-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail		24b. DATE 6/2/52	
24c. NAME OF CEMETERY OR CREMATORY PINE GROVE		24d. LOCATION (City, town, or county) (State) WILLOW SPRINGS, MO.	
DATE REC'D BY LOCAL REG. 6-2-52		REGISTRAR'S SIGNATURE Verbert R. Donke, MD <i>SW</i> (Licensed Embalmer's Statement on Reverse Side)	
25. FUNERAL DIRECTOR'S SIGNATURE G. HOFFMEISTER		ADDRESS U&L COMPANY, St. Louis, Mo 78145 Broadway	

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

No. 300
10-48

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

Henry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 Broadway

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.