No. 300
10-48

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

FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27092

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Barton 0061 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lamar
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trisler Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper 0490
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jasper 1
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah
b. (Middle)
c. (Last) Phipps

4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1952

5. SEX F. 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Oct. 2, 1874
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, Ret.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Ohio 1
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME John A. Oden
13b. MOTHER'S MAIDEN NAME Ashsah Scarborough
14. NAME OF HUSBAND OR WIFE George W. Phipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Axie Simmons, Lamar, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) old age — 6 W
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
19b. MAJOR FINDINGS OF OPERATION 4222
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) LAMAR (COUNTY) Barton (STATE) Mo
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* Aug. 10, 1952 *to* Aug 14, 1952 *that I last saw the deceased alive on* Aug 14, 1952 *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Guldner M.D. (Degree or title)
23b. ADDRESS LAMAR
23c. DATE SIGNED 8.15.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery
24d. LOCATION (City, town, or county) (State) Jasper, County, Missouri

DATE REC'D BY LOCAL REG. AUG 16 1952
REGISTRAR'S SIGNATURE Marie Konantz 14-0
25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Chile ADDRESS Lamar Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr Gildner

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 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.