

X
No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39652

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY Remisecot
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death)
a. STATE Missouri b. COUNTY Remisecot
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti
d. STREET ADDRESS (If rural, give location) 306 E. Madison

3. NAME OF DECEASED
a. (First) Harland b. (Middle) Eugene c. (Last) Philliben

4. DATE OF DEATH (Month) (Day) (Year)
Nov 3 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Sept 29, 1941

9. AGE (In years last birthday) 11 IF UNDER 1 YEAR Months 1 Days 4 IF UNDER 2 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (State or foreign country) Mexico, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Paul Philliben

13b. MOTHER'S MAIDEN NAME Dwanna May Adcock

14. NAME OF HUSBAND OR WIFE _____

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 ADDRESS
Paul Philliben Hayti, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Accident
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E 8124 25

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., home, street, work, etc.) Public Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Hayti Remisecot, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-3-52

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR Run over by automobile

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James G. Rabun Barrow

23b. ADDRESS Wardell, Mo

23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 11-6-52

24c. NAME OF CEMETERY OR CREMATORY Pleasant Prairie Cem. Shelbyville, Missouri

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG 11-14-52

REGISTRAR'S SIGNATURE John St. Germain

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John St. Germain Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

J. Rabun
FILED NOV 20 1952

11-344-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 18 1952

NOV 20 1952

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.....
Student Embalmer

Signed.....

John H. German

..... Licensed Embalmer No. 4355

P. O. Address Hayden, 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.