

STANDARD CERTIFICATE OF DEATH

41447

FILED DEC 23 1952

State File No.

BIRTH NO. 1 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5036 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Wilson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Wilson</u> <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D.#2, Thompson, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Phillips</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1952</u>
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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>Sept. 30, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lancaster, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John H. Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Waters</u>	14. NAME OF HUSBAND OR WIFE <u>Lybbye Phillips</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lybbye Phillips Thompson, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Case; with out jury. The</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>deceased died suddenly in his home</u>		
DUE TO (c) <u>unattended by physician. No witnesses</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (a) <u>of violence or foul play. history of</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>of internal ear trouble. Probably started Left Vestibular</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Cause</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wilson Audrain Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u> <u>H342</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>A. C. Adams, M.D., Coroner, Mexico, Mo.</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>12-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec-17-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred E. Pugh, Mexico, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

40

The left side of the ^{chest, on} ~~chest~~ was enlarged chest
noticeable on inspection.

S. S. Adams, M.H. Coroner.

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

Billy Jack Skinner

Licensed Embalmer No. *4784*

P. O. Address *Mexico, 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.