

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42740

State File No.

JAN 13 1953

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hickory Street</u>		d. STREET ADDRESS (If rural, give location) <u>Hickory Street</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLL</u>		b. (Middle) <u>MELVIN</u>	
c. (Last) <u>PHILLIPS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH <u>Oct. 16, 1881</u>
9. AGE (In years last birthday) <u>71</u>		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) <u>Soft drink Mfg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bottling of same</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Featherstone</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Phillips</u>		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. <u>500-36 5627</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Phillips Mt. Vernon, Mo.</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>6/9</u> , <u>1948</u> , to <u>8/23</u> , <u>1949</u> , that I last saw the deceased alive on <u>10/23</u> , <u>1949</u> , and that death occurred at <u>69</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Berneth Thorsen</u>		23b. ADDRESS <u>Mt. Vernon, Mo</u>	
23c. DATE SIGNED <u>12/23/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/23/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brick Church Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Mt. Vernon, Mo.</u>	
DATE RECD BY LOCAL REG. <u>1-10-53</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Osmond L. Marsh</u>		ADDRESS <u>Aurora, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

1-10-53

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 *Gene A Parent*
Licensed Embalmer No. *4809*
P. O. Address *Durora, 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.