

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>	
c. LENGTH OF STAY (In this place) <u>45 years</u>		d. STREET ADDRESS (If rural, give location) <u>714 Ceder</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 Ceder</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clare</u> b. (Middle) <u>Dutro</u> c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-1953</u>		
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>1876</u> <u>3-28-1953</u>			9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>feed and produce retail</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William H. Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louise Dutro</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ralph Blevens Pleasant Hill</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC HT. DISEASE</u>				<u>3 yrs.</u>	
		DUE TO (c) <u>ARTERIO SCLEROSIS</u>				<u>10 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBRAL ARTERIO SCLEROSIS 4200</u>				<u>4 1/2 yrs.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE PERFORMED</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>PLEASANT HILL, CASS MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

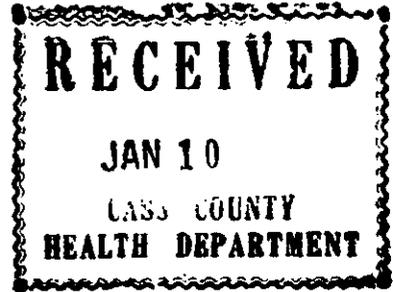
22. I hereby certify that I attended the deceased from FEB. 1950, to JAN. 1953, that I last saw the deceased alive on JAN. 2, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm R. Brown M.D.</u>		23b. ADDRESS <u>Box 118 Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>1/3/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sloan Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Bernard</u>		457-01		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Howard Pleasant Hill, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Allen W. Brown

Licensed Embalmer No. 3785

P. O. Address Cass and Hill

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.