

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10566

State File No.

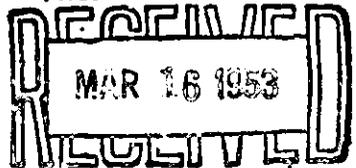
FILED MAR 17 1953

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5752 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-TWELVE MILE</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-TWELVE MILE TOWNSHIP 0</u>		d. STREET ADDRESS (If rural, give location) <u>18 mi. S.W. of FREDERICKTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18 mi. S.W. of FREDERICKTOWN</u>		d. STREET ADDRESS (If rural, give location) <u>18 mi. S.W. of FREDERICKTOWN</u>	
3. NAME OF DECEASED a. (First) <u>MINNIE</u>		b. (Middle)	
c. (Last) <u>PHIPPS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11, 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 3, 1891</u>
9. AGE (in years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>DES ARC, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES HICKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA CLIFTON</u>	
14. NAME OF HUSBAND OR WIFE <u>DEE PHIPPS</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>DEE PHIPPS - SACO, MISSOURI</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Twelve Mile Twp. Madison Co. MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Mar 10</u> , 1953, to <u>Mar 11</u> , 1953, that I last saw the deceased alive on <u>Nov 11</u> , 1952, and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. A. TAYLOR M.D.</u>		23b. ADDRESS <u>Caldwater Mo.</u>	
23c. DATE SIGNED <u>3/12/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/13/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BEulah CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WAYNE COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-13-1953</u>		REGISTRAR'S SIGNATURE <u>Therence Hicks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Adgerson-Webb</u>		ADDRESS <u>Fredericktown Mo.</u>	

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 353-17

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 Raymond Wilson _____

Licensed Embalmer No. 4884 _____

P. O. Address Fredericktown, 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.