

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14827

State File No.

FILED APR 23 1953

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 68

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Em. West Lebanon on 66</u>		d. STREET ADDRESS (If rural, give location) <u>2101 Orchard Blvd</u> <u>8</u>	

3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Burns</u> c. (Last) <u>Phillips III</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>14</u> <u>1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 26, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: MONTHS <u>4</u> DAYS <u>4</u>	IF UNDER 1 HRL. Hours <u>1</u> Min. <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert B. Phillips, Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Norma Lee Branch</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert B. Phillips Alton Ill</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull disintegrated</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>injuries</u>		
	DUE TO (c) 11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>h.s. 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Alton</u> <u>Laclede</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4</u> <u>14</u> <u>53</u> <u>6:35 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident.</u>

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 6:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Palmer</u> (Degree or title) <u>C coroner</u>	23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>4-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens, Co. Oklahoma City Okla.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>4-18-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon Mo.</u>
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APR 18 1956

Received
Laclede County Health Unit
4.53.73
File No.
Date Filed

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

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working under my personal supervision.

Student Embalmer No.

Signed Richard L. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Libonon, 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.