

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18657**

FILED JUN 13 1953

BIRTH NO. _____ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **5711** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Elkhorn Cyclone	c. LENGTH OF STAY (In this place) 60 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Elkhorn, Cyclone	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) Stella, Mo. R#1	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) June 6 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 5 1871		9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 12 HRS. 81 9 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Stites	13b. MOTHER'S MAIDEN NAME Sarah Howard	14. NAME OF HUSBAND OR WIFE Charles Phillip (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles E. Phillips (Son) Stella, Mo

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Senile Degeneration		
	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 331X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **June 5, 1953** to **June 6, 1953**; that I last saw the deceased alive **June 2, 1953** and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James R. Holmes, D.O.	23b. ADDRESS Wheaton, Mo	23c. DATE SIGNED 6-6-53
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-53	24c. NAME OF CEMETERY OR CREMATORY Owsley Cem.
24d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo, R#	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Morris Love Wheaton, Mo	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
June 10, 1953 O. E. Plummer

(Licensed Embalmer's Statement on Reverse Side)

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

600
1

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 *Wm Morris Poplar*

Licensed Embalmer No. *5442*

P. O. Address *Whitman*

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.