

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29072

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>269</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		0490 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Mc Cune-Brooks Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 4 Carthage, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>William</u> c. (Last) <u>Phillippe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 13, 1877</u>	
9. AGE (In years (at birthday)) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 Hrs. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retd.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-07-8784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Phillippe, Tulsa, Okla.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion acute</u> ANTECEDENT CAUSES <u>Atherosclerosis chron</u> DUE TO (b) <u>10 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, chronic</u> <u>10 yrs.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)			
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>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>Carthage, Mo.</u> and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Emory W. ... MD</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>Aug 14, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-15-53</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10.48

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RECEIVED  
AUG 19 1953  
Jasper County Health Office  
County File Number 6-8-5  
Date Filed AUG 19 1953

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 William B. Senter

Licensed Embalmer No. EP 20

P. O. Address Carters, 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.