

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30767
State File No.

No. 300
10.48

FILED SEP 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6114 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>RURAL 6114</u>	c. LENGTH OF STAY (In this place) <u>12 yrs</u>	c. CITY OR TOWN <u>RURAL MORLEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MORLEY RFD #1</u>		d. STREET ADDRESS (If rural, give location) <u>MORLEY RFD #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARLIE</u> b. (Middle) <u>VICTORIA</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>9-5-1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ANTIOCH IND 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN CHILDERS</u>	13b. MOTHER'S MAIDEN NAME <u>MELISSA BICKLE</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Roy Phillips - Morley Mo R #1</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		INTERVAL BETWEEN ONSET AND DEATH <u>11-Aug-53</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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>331X</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 Jan, 1950, to 16-Aug, 1953, that I last saw the deceased alive on 11-Aug, 1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.S. Chismorton M.D.</u>	23b. ADDRESS <u>Sekeston, Mo.</u>	23c. DATE SIGNED <u>25-Aug-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>
		24d. LOCATION (City, town, or county) (State) <u>SEKESTON MO</u>

DATE REC'D BY LOCAL REG. <u>8-26-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Welsh Funeral Home - Sekeston Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED AUG 31 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 853-197

JAN 29 1963

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 Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.