

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31209**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **266**

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 27 yrs		c. CITY OR TOWN Cape Girardeau Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Mo. Hospital				e. STREET ADDRESS (If rural, give location) 713 North Main. 0164			
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) H c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 9	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Florence Ala.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lula Phillips			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 486-14-2638		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lula Phillips</i> Cape Girardeau 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) → II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. →				INTERVAL BETWEEN ONSET AND DEATH 14 hrs Sept 15	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 9-15-1953 , to 9-15-1953 , that I last saw the deceased alive on 9-15-1953 , and that death occurred at 8 p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. C. Summers</i>				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 9-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 17 1953		24c. NAME OF CEMETERY OR CREMATORY Morley Cemetery		24d. LOCATION (City, town, or county) (State) Morley Mo	
DATE REC'D BY LOCAL REG 9-16-53		REGISTRAR'S SIGNATURE <i>W. C. Summers</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Joe Howell</i> Cape Girardeau Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed... *A. H. Ester*

Licensed Embalmer No. *357*

P. O. Address *Cape Air*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.