

FILED NOV 13 1953

STANDARD CERTIFICATE OF DEATH

State File No. 36627

BIRTH NO. 72044 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Libbourn</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Libbourn</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>0720</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Wiley</i> b. (Middle) <i>Lynn</i> c. (Last) <i>Phillips</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 24, 1953</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Oct 24, 1953</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>5</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mil</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Libbourn Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Walter Phillips</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Agnes Mayo</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Walter Phillips Libbourn, Mo.</i>	
				ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Strangulation</i>		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) <i>Long lobes. Breech Presentation</i>		
	DUE TO (c) II. 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 <i>7610</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 *Oct 24, 1953*, to *Oct 24, 1953*, that I last saw the deceased alive on *Oct 24, 1953*, and that death occurred at *12:05 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. Leo W. Kusted M.D.</i>		23b. ADDRESS <i>Parma, Mo.</i>		23c. DATE SIGNED <i>10/24/53</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 25/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Westerville, Tenn</i>	
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DATE REC'D BY LOCAL REG. <i>10-24-53</i>		REGISTRAR'S SIGNATURE <i>H.L. Sander Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>none</i>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

0720  
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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.