

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41944**

FILED NOV 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4548** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Omaha Neb</b> b. COUNTY <b>Nebraska</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Worth Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Omaha</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>not known</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Rufus</b>	a. (First)	b. (Middle) <b>William</b>	c. (Last) <b>Phillips</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 13 - 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 14 1884</b>	9. AGE (In years last birthday) <b>69</b>	10. UNDER 1 YEAR Months <b>2</b>	11. UNDER 1 HR. Days <b>29</b>	12. Hours <b>1</b>	13. Mins. <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Street car driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Public Works</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Worth County Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Ralph Phillips</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Heaton</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Phillips</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Grace Phillips</b>	18. ADDRESS <b>Worth Mo</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 1 1953**, to **Nov 13 1953**, that I last saw the deceased alive on **Nov 13 1953**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles A. Williamson DO</b>	23b. ADDRESS <b>Leuty Mo</b>	23c. DATE SIGNED <b>11-19-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 15 - 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Barns Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Worth Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov 21 1953</b>	REGISTRAR'S SIGNATURE <b>Arthur E. Dawson</b>	345	FUNERAL DIRECTOR'S SIGNATURE <b>John Anderson</b>	ADDRESS <b>Grant City Mo</b>
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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 \_\_\_\_\_

*John Andrews*  
.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed *John Andrews*  
.....

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.