

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14991**

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1369**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Virginia Convalescent Home 514 N. 10th St.		d. STREET ADDRESS (If rural, give location) 3128 Lafayette St.	
3. NAME OF DECEASED (Type or Print) a. (First) Nell		c. (Last) Phipps	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) December 31, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH February 16, 1881
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. buyer		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (State or foreign country) Mound City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. B. Denny	
13b. MOTHER'S MAIDEN NAME Mariah Rayhill		14. NAME OF HUSBAND OR WIFE Parris P.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mayme Denny, 3128 Lafayette St., St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage	
		INTERVAL BETWEEN ONSET AND DEATH unk.	
		ANCECEDENT CAUSES Cardio Vascular Degenerative Disease	
		Morbidity 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. Senile dementia	
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)			
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 12/18 , 19 53 , to 12/31 , 19 53 , that I last saw the deceased alive on 12/31 , 19 53 and that death occurred at 8:15 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. F. Mundy, M.D.		23b. ADDRESS 2801 Sacramento St., St. Joseph, Mo.	
23c. DATE SIGNED 1-4-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/2/1954	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Jan 13, 1954		REGISTRAR'S SIGNATURE Kather M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Hester-Bowman		ADDRESS St. Joseph, Mo.	

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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 W. S. Johnston.....

Licensed Embalmer No. 4791.....

P. O. Address 319 S. 12 St. S. S. S. S......

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.