

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **165**

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>229 Ridgeway St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>229 Ridgeway St.</u>			

3. NAME OF DECEASED a. (First) VENCIL b. (Middle) ARTHUR c. (Last) PHILLIPPE **4. DATE OF DEATH** (Month) (Day) (Year) Jan. 7, 1954

5. SEX Male Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** July 28, 1885 **9. AGE** (In years last birthday) 68 **10. YEAR** 1954 **11. HOURS** 2 **12. MIN.** 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter **10b. KIND OF BUSINESS OR INDUSTRY** Carpenter **11. BIRTHPLACE** (City and State or Foreign Country) Boone County, Missouri. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Joe Dines Phillippe **13b. MOTHER'S MAIDEN NAME** Mary Points **14. NAME OF HUSBAND OR WIFE** Roxie Trice Phillippe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Arthur T. Phillippe, Columbia, Mo. **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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease **INTERVAL BETWEEN ONSET AND DEATH** 2 yrs.

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** _____ **20. AUTOPSY?** YES NO

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)** 4200 _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1-12, 1951, to 1-7, 1954, that I last saw the deceased alive on 1-6, 1954, and that death occurred at 1:30A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.P. Johnson MD **23b. ADDRESS** Columbia, Mo **23c. DATE SIGNED** 1-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Jan. 9, 1954 **24c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cemetery **24d. LOCATION** (City, town, or county) (State) Columbia, Missouri.

DATE REC'D BY LOCAL REG. Jan 9 1954 **REGISTRAR'S SIGNATURE** Mrs. R.E. Palmer 31-0 **5. FUNERAL DIRECTOR'S SIGNATURE** Parker Funeral Service, Columbia, Mo. **ADDRESS** _____

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

0165

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 *J. W. Phillips*.....
Licensed Embalmer No. *489*.....

P. O. Address *Columbia*.....

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.