

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3645

FILED JAN 26 1954

60951 State File No. 351

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 5476		Registrar's No. 351	
1. PLACE OF DEATH a. COUNTY <i>Schuyler Co. Mo. 0980</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Schuyler</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i>		c. LENGTH OF STAY (In this place) <i>Almost of his life</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Downing Mo. 0980</i>		d. STREET ADDRESS (If rural, give location) <i>None</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>✓</i>				3. NAME OF DECEASED a. (First) <i>Robert Lee Phillips</i> b. (Middle) _____ c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 17-1954</i>		5. SEX <i>male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>Feb 25-1859</i>		9. AGE (In years last birthday) <i>84</i>		10. MONTHS <i>10</i>		11. DAYS <i>22</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>Schuyler Co. - Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Phillips</i>		13b. MOTHER'S MAIDEN NAME <i>Adeline Warner</i>		14. NAME OF HUSBAND OR WIFE <i>✓</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. William Beecraft, Memphis</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Kidneys & General debility</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>Don't know He was Recluse</i> <i>He was found dead</i> <i>Intubation Poor Living</i> <i>Poor nutrition</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Mo.</i>	
19a. DATE OF OPERATION <i>✓</i>		19b. MAJOR FINDINGS OF OPERATION <i>No. Operation</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7901	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>✓</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>None</i>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>No. Injury</i>					
22. I hereby certify that I attended the deceased from <i>None</i> , 19 <i>54</i> , to <i>✓</i> , 19 <i>54</i> ; that I last saw the deceased alive on <i>Jan 16, 1954</i> , and that death occurred at <i>Downing, Mo.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. E. Glavin M.D.</i>				23b. ADDRESS <i>Downing Mo.</i>		23c. DATE SIGNED <i>1-18-54</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 19, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Downing Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Jan. 20/54</i>		REGISTRAR'S SIGNATURE <i>353-1</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Moore Funeral Home</i>			
				ADDRESS <i>Downing, Mo.</i>			

(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.

Signed Neal Payne

Signed _____
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis, TN

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.