No. 300
10.48

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26459

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5169 Registrar's No. 247

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 9 MILE PRAIRIE TWP
c. LENGTH OF STAY (in this place): 14 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. WILLIAMSBURG

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN: R.F.D. WILLIAMSBURG
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RURAL 9 MILE PRAIRIE TWP.

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFTON
b. (Middle): HOWARD
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): AUG 15 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT 9, 1897
9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Sherm Phillips
13b. MOTHER'S MAIDEN NAME: Lizzie Buck
14. NAME OF HUSBAND OR WIFE: Frances Mae Phillips

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.: —0—
17. INFORMANT'S SIGNATURE OR NAME: Frances Mae Phillips
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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinoma Colon — Unkn.
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: 153 X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 7-28, 1954, *to* 8-15, 1954, *that I last saw the deceased alive on* 7-30, 1954, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur S. Lewis (Degree or title) M.D.
23b. ADDRESS: Fulton, Missouri
23c. DATE SIGNED: 8-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8/16/54
24c. NAME OF CEMETERY OR CREMATORY: OK.
24d. LOCATION (City, town, or county) (State): LYONS NEBRASKA.

DATE REC'D BY LOCAL REG.: Aug 21-1954
REGISTRAR'S SIGNATURE: Marietta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE: Maupin Funeral Home
ADDRESS: Fulton Mo.
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. L. Posson

Licensed Embalmer No. 255

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.