No. 300
10-48

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28304

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 39

0661

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

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 S Aurora

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon — Mo.
d. STREET ADDRESS (If rural, give location): 0661/0

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

4. DATE OF DEATH (Month) (Day) (Year): Aug 15-54.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 24-1892
9. AGE (In years last birthday): 61 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Russellville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Rinkley
13b. MOTHER'S MAIDEN NAME: Verona Shepherd
14. NAME OF HUSBAND OR WIFE: Thro Phillips Eldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Thro 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial pneumonia
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: 491X
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* Aug 12 *19*54 *to* Aug 15, *19*54, *that I last saw the deceased alive on* Aug 15, *19*54, *and that death occurred at* 2:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt. E. Murrell, D.O.
23b. ADDRESS: Eldon, Mo.
23c. DATE SIGNED: 8/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-54
24c. NAME OF CEMETERY OR CREMATORY: ENLOE CEM
24d. LOCATION (City, town, or county) (State): Russellville Mo.

DATE REC'D BY LOCAL REG.: Aug. 16, 54
REGISTRAR'S SIGNATURE: Alverretta Walt 192-0
25. FUNERAL DIRECTOR'S SIGNATURE: G N Steffens — ADDRESS: Russellville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 26 1954
MILLER COUNTY HEALTH
DEPARTMENT

SEP 2 1954

AUG 27 1954

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 G. P. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville Ma

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.