

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12658

State File No.

FILED APR 27 1955

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 113

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	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) 3 MOS.		e. STREET ADDRESS (If rural, give location) 711 Church St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Betty Thacher Nursing Home			
3. NAME OF DECEASED a. (First) Annie		b. (Middle) E.	
c. (Last) Phillips		4. DATE OF DEATH (Month) (Day) (Year) April 9, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 2, 1873
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lewis County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Stuard		13b. MOTHER'S MAIDEN NAME Martha	14. NAME OF HUSBAND OR WIFE James Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Wallace, New Canton, Ill.
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of sigmoid.	
INTERVAL BETWEEN ONSET AND DEATH 2 weeks		4 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500 H	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEIDE (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 <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 1-4-54 , 19___, to 4-9-55 , 19___, that I last saw the deceased alive on 4-9-55 , 19___, and that death occurred at ___ m., from the causes and on the date stated above.			
23a. SIGNATURE H. L. Greene (Degree or title) M.D.		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 4-15-55
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Apr. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery	24d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.
DATE REC'D BY LOCAL REG. 4-20-55	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS By W. C. ... H. Buckley Canton, Mo.	

RECEIVED APR 26 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 26 1955

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 *Earl H. Buckley*

Licensed Embalmer No. *4613*

P. O. Address *Canton, Mo.*

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.