

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30076

BIRTH NO. 57759-55 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 2036 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY **Lawrence County**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Lawrence**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Aurora** c. LENGTH OF STAY (In this place) **25 minutes** c. CITY OR TOWN **Aurora** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **930 S. Madison** e. STREET ADDRESS (If rural, give location) **930 S. Madison**

3. NAME OF DECEASED a. (First) **Martha** b. (Middle) **Ellen** c. (Last) **Phillips** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 28, 1955**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **infant** 8. DATE OF BIRTH **Sept. 28, 1955** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. **25**

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

13a. FATHER'S NAME **Franklin Phillips** 13b. MOTHER'S MAIDEN NAME **Reitha Dora Main** 14. NAME OF HUSBAND OR WIFE **INFANT.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Franklin Phillips, Aurora, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Patent foremen ovale** INTERVAL BETWEEN ONSET AND DEATH **30 min**

ANTECEDENT CAUSES DUE TO (b) **7543**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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)

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 **9-28-1955**, to **9-28-1955**, that I last saw the deceased alive on **9-28-1955** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **V. J. Robinson** (Degree or title) **D.O.** 23b. ADDRESS **Marionville, Mo.** 23c. DATE SIGNED **9/28/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept. 29, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Odd Fellows Cem.** 24d. LOCATION (City, town, or county) (State) **Marionville, Mo.**

DATE REC'D BY LOCAL REG. **Sept. 29/55** REGISTRAR'S SIGNATURE **Dora Mc Natt** 157 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J. B. Ferridge, Marionville, 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Herman Ferris*

Licensed Embalmer No. *304*

P. O. Address *Merionville*

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.