

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31948

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4473</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN <u>Blackburn, (Rural)</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Alma</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Judy Ann Phillipps</u>				STREET ADDRESS (If rural, give location) <u>05401</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Phillipps</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 1 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/12/1876</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Henry Scrivner</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Linn</u>		14. NAME OF HUSBAND OR WIFE <u>Frank M. Phillipps, Dec.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Amos Kaiser, Blackburn, Mo.</u>					
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) <u>Cardio Vascular Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> Patient expired suddenly and passed away prior to doctor's arrival DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Feb 16, 1954 thru Oct 1, 1955</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>N/A</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>N/A</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>N/A</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>N/A</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>N/A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>N/A</u>			
22. I hereby certify that I attended the deceased from <u>Feb 16</u> , 19 <u>54</u> , to <u>Oct 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 12</u> , 19 <u>55</u> , and that death occurred at <u>11:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. Halling</u>			23b. ADDRESS <u>M.D. Waverly, Missouri</u>			23c. DATE SIGNED <u>Oct 3, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Saline, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 3, 1955</u>		REGISTRAR'S SIGNATURE <u>Mary Massey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred N. Bremer</u>		ADDRESS <u>Alma, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Alfred N. Aronson*.....

Licensed Embalmer No. 269

P. O. Address Alma, Mich.

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