

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32521**

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

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 52321		Registrar's No. 151	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Union Twp Peculiar		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY OR TOWN Peculiar		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi West of Peculiar				e. STREET ADDRESS (If rural, give location) 4 mi West of Peculiar			
3. NAME OF DECEASED a. (First) CELIA			b. (Middle) EMLINE		c. (Last) ORIP		4. DATE OF DEATH (Month) (Day) (Year) Oct 23 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 5 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. 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 None		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZENSHIP WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willis Henry Phillips			13b. MOTHER'S MAIDEN NAME Mary Ellen Seago		14. NAME OF HUSBAND OR WIFE John Orr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Mr. Kenneth Hub Peculiar Mo.			
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					INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) inanition & Debilitation						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anemia & Dysphagia						
	DUE TO (c) Mediastinal Tumor						
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Oct 19 55 , to 23 Oct 1955 , that I last saw the deceased alive on 21 Oct 1955 , and that death occurred at 3:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE John R. M'Lee				23b. ADDRESS D.O.A. Belton, Mo.		23c. DATE SIGNED 25 Oct 1955	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Oct 25-1955		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville Mo	
DATE REC'D BY LOCAL REG. Oct 25 1955		REGISTRAR'S SIGNATURE Dora Barriard		FUNERAL DIRECTOR'S SIGNATURE Wm. H. Harrisonville Mo		ADDRESS	



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 *James R. Phillips*.....

Licensed Embalmer No...*464*.....

P. O. Address...*Harrison*.....

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.