

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34229**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Demarcat		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Mo b. COUNTY New Madrid	
b. CITY OR TOWN Staggs		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hosp	
e. STREET ADDRESS Marston		f. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) Cara	b. (Middle) Mae	c. (Last) Phillips	4. DATE OF DEATH (Month) (Day) (Year)
				Nov 3 1955

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 31, 1914	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Days 5	IF UNDER 2 HRS. Hours 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) prof	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Portageville Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Joseph Kieffel	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Harry Floyd Phillips
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Carl Phillips	ADDRESS Portageville Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thermal burn		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) Rural Marston , COUNTY New Madrid , STATE Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1 55 9P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR home burned
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22. I hereby certify that I attended the deceased from **1 Nov 1955**, to **2 Nov 1955**, that I last saw the deceased alive on **2 Nov 1955**, and that death occurred at **3:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert S. Smith (Degree or title)	23b. ADDRESS M.O. Portageville Mo	23c. DATE SIGNED 5 Nov 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 4 1955	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem	24d. LOCATION (City, town, or county) (State) Portageville Mo
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DATE REC'D BY LOCAL REG. 11-7-55	REGISTRAR'S SIGNATURE John St. Germain	25. FUNERAL DIRECTOR'S SIGNATURE Delute Funeral Parlor	ADDRESS Portageville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-312-55

NOV 10 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Joseph A. [Signature]*
Licensed Embalmer No. *448*
P. O. Address *[Signature]*

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.