

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39516

State File No. ....

FILED NOV 23 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6963 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Webster</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour-Rural</u>		c. LENGTH OF STAY (In this place) <u>14 years</u>	c. CITY OR TOWN <u>Seymour</u>		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 <u>Rural-Finley township</u>			e. STREET ADDRESS (If rural, give location) <u>Rural-Finley township</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank - M.</u> b. (Middle) _____ c. (Last) <u>-Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 - 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 29 - 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Genl. Merchandise</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arcadia - Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret ?</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Henrietta Phillips</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-07-8702</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henrietta Phillips - Seymour, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Mar. 1955, to Nov. 18, 1955, that I last saw the deceased alive on Nov. 15, 1955, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James T. Good</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>11-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-55</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>Hazelwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>11-20-55</u>	REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> 343	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tex Farmers</u> ADDRESS <u>Springfield, Missouri.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1120

1120

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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 \_\_\_\_\_

Licensed Embalmer No. 331

P. O. Address Springfield

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.