

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39962

State File No. ....

BIRTH NO. 174 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ponce-De-Leon</u> )	c. LENGTH OF STAY (in this place) township) <u>65 yrs</u>	c. CITY OR TOWN <u>Ponce-De-Leon</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>Ponce-De-Leon R.R.</u>		STREET ADDRESS (If rural, give location) <u>Ponce-De-Leon 0220</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u>	b. (Middle) <u>M</u>	c. (Last) <u>Phipps</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 1955</u>
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, 4-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>James H Phipps</u>	13b. MOTHER'S MAIDEN NAME <u>Olive H Barrett</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Phipps</u>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nancy Phipps, Ponce-De-Leon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Metastasis of cancer due to c</u>		<u>6 months</u>
	DUE TO (c) <u>Inoperable adenocarcinoma bile ducts and stomach</u>		<u>12 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	<u>155x</u>		

19a. DATE OF OPERATION <u>5/5/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of bile duct, gall bladder and stomach</u>	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) m.	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 May 4, 1955, to date       , 19      , that I last saw the deceased alive on December 7 19 55, and that death occurred at        m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward G. Hall MD</u> (Degree or title)	23b. ADDRESS <u>1211 S. Glenstone, Springfield, Missouri</u>	23c. DATE SIGNED <u>1/4/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highlandville</u>
24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5 1956</u>	REGISTRAR'S SIGNATURE <u>Parilla Leonard</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *T. B. Chaffin* .....

Licensed Embalmer No. *211*

P. O. Address *Ozark*

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.