

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1129</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a..STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY OR TOWN <u>Springfield</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>Springfield Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>643 S. Market Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGIE</u>		b. (Middle) <u>----</u>		c. (Last) <u>PHILLIPS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9 January 1908</u>			
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Republic, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Felix McCroskey</u>			13b. MOTHER'S MAIDEN NAME <u>Alta Inman</u>			14. NAME OF HUSBAND OR WIFE <u>James Phillips</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>James Phillips, 643 S. Market Avenue, Springfield, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brown shot wound Head + Chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>976X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield GREENE, Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-17-55 2 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>12-17, 1955</u> , to _____, 19____, that I last saw the deceased alive on <u>12-17, 1955</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. Ashley M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>12-19-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>20 Dec. 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>12-20-55</u>		REGISTRAR'S SIGNATURE <u>Edna Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred C. Thorne, Springfield, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side of this Form)

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

1956: 8 I 7007

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 *Ralph H. Hicene*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address.....Missouri.

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.