

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15790

State File No.

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5192 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY, (If outside corporate limits, write RURAL, and give township) <u>"Rural" (Combs twp)</u>		c. CITY OR TOWN <u>"Rural"</u>	d. 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>6 mi. E. of Carrollton</u>		e. STREET ADDRESS (If rural, give location) <u>6 mi. E. of Carrollton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1956</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>May 30, 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Emmie Hanners</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Klein Phillips</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Phillips, Carrollton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral vascular accident</u> DUE TO (c) <u>Renal failure - arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33ix</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)		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 _____, 19____, to 26 May, 1956, that I last saw the deceased alive on 28 May, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Allen M.D.</u>		23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>28 May 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/29/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Herbert Calvin Standley</u>		24f. ADDRESS <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/29/56</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvin Standley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Herbert Calvin Standley</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

150

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... *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollton*

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.