.300
.48

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20129

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5448 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S. W. OF Stanberry miles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Stanberry, Rural D280

3. NAME OF DECEASED (Type or Print)
a. (First): Mr. George
b. (Middle): Milton
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): June 9 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 9 1882
9. AGE (In years last birthday): 74 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Princeton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Joseph Phillips
13b. MOTHER'S MAIDEN NAME: Martha Thompson
14. NAME OF HUSBAND OR WIFE: Bertha Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bertha Phillips — ADDRESS: Stanberry Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 yr

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. Dysentery — 10 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1956, *to* June 9, 1956, *that I last saw the deceased alive on* June 9, 1956, *and that death occurred at* 11a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Milligan (Degree or title) MD
23b. ADDRESS: Stanberry Mo
23c. DATE SIGNED: 6-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/11/56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Buchanan Mo.

DATE REC'D BY LOCAL REG.: June 11-1956
REGISTRAR'S SIGNATURE: Maude Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Fatory F. Phillips — **ADDRESS**: Stanberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Milligan

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

~~by me, or by~~ ....., ~~Student~~ Embalmer No.....

~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...18

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.