

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25914

State File No. _____

FILED AUG 21 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>33 days</u>	d. 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>Audrain County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>708 East Jackson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice</u> b. (Middle) _____ c. (Last) <u>Phillip</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 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>Nov. 10, 1878</u>
9. AGE (In years last birthday) <u>77</u>		10. 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>Clothing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Lewis Phillip</u>	
13b. MOTHER'S MAIDEN NAME <u>Celia Burke</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Fannie Phillip</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>487-22-2347</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Phillip</u>		ADDRESS <u>Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Decompensation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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 <u>8-3-1956</u> to <u>8-16, 1956</u> , that I last saw the deceased alive on <u>8-15, 1956</u> , and that death occurred at <u>6:34 m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Donald J. Lewis, M.D.</u> (Degree or title)		23b. ADDRESS <u>209 E Jackson Mexico Mo</u>	
23c. DATE SIGNED <u>8-16-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Sinai Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>	
25. ADDRESS <u>Mexico, Mo.</u>		DATE REC'D BY LOCAL REG <u>Aug-16-1956</u>	
REGISTRAR'S SIGNATURE <u>Blenche Neely</u>		26. _____	

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

OCT 3 1957

MAY 28 1958

JUN 16 1961

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 *Alvo Amundson*.....

Licensed Embalmer No. 31569

P. O. Address *Musico*.....

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.