

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44613**

FILED JAN 8 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4553 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <del>#0118##</del> <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mansfield</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Ava</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mansfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>541</b>	
		e. STREET ADDRESS (If rural, give location) <b>02</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edith</b>	b. (Middle) <b>P.</b>	c. (Last) <b>Lincoln</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1956</b>
-------------------------------------	-------------------------	-----------------------	--------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 12, 1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	--	---	------------------------	-----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Watertown, Mass.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Sanford Phipps</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Irvin G. Phipps</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>265 30 7633</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alice Gay</b>	ADDRESS <b>Ava, Missouri</b>
---	---	--	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b>			<b>1 day</b>
	DUE TO (c) <b>Coronary occlusion</b>			<b>1 day</b>
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	<b>4201</b>	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) (Min.)	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 12-20, 1956, to 1-2-57, 1957, that I last saw the deceased alive on 12-29, 1956 and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thos. O. Phelps M.D.</b>	23b. ADDRESS <b>Mansfield, Mo.</b>	23c. DATE SIGNED <b>12-30-56</b>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12 31 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ava</b>	24d. LOCATION (City, town, or county) (State) <b>Ava Missouri</b>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12/31/56</b>	REGISTRAR'S SIGNATURE <b>Ann Rushing</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard</b>	ADDRESS <b>Funeral Home, Ava, Mo.</b>
--	--	---	---------------------------------------

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

388

RECEIVED 1-2-50  
WRIGHT CO. HEALTH DEPT.  
County File Number 159-1  
Date Filed 1-7-50

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 *Charles R. Fish*

Licensed Embalmer No. *4662*

P. O. Address *Ava, Mo.*

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.