

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1049**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **4301** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic		c. CITY OR TOWN Republic	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 3390	

3. NAME OF DECEASED (Type or Print) a. (First) Blanch b. (Middle) Eula c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) 1-4-1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1897	9. AGE (In years last birthday) 59	10. MONTHS 11 11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Christian Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Davis	13b. MOTHER'S MAIDEN NAME Emily Pearce	14. NAME OF HUSBAND OR WIFE Harold Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Harold Phillips ADDRESS Republic, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH INSTANT
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STRANGULATION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HANGING BY NECK 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 974X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) GARAGE AT HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) REPUBLIC, GREENE, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) JAN. 4, 1957 (UNKNOWN)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? HANGING BY ROPE AROUND NECK - STEPPING OFF OF FEET STOL TO DROP LENGTH OF ROPE

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **UNKNOWN**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Plummer (State of Mo) Springfield, Missouri	23b. ADDRESS Corcoran	23c. DATE SIGNED 9/Jan/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-6-57	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.	24d. LOCATION (City, town, or county) (State) Republic Mo.
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DATE REC'D BY LOCAL REG. 1-9-57	REGISTRAR'S SIGNATURE Miss Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Centrell-Fessett ADDRESS Republic Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *William D. Conner*

Licensed Embalmer No. *4676*

P. O. Address *Republic*

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