. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9356

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 Crescent Dr. — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN Macon 0611 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 218 Crescent Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Naomi Middle Courier Last Phillips
4. DATE OF DEATH Month Mar. Day 3 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 11, 1881
9. AGE (In years last birthday) 75
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Macon County Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Courier
14. MOTHER'S MAIDEN NAME Belle L. Perkins
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. No.
17. INFORMANT James W. Phillips Address Macon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cerebrovascular disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221
19. WAS AUTOPSY PERFORMED? 0 YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 20, 1957 to Mar. 2, 1957 and last saw her/him alive on Mar 2, 1957
Death occurred at 4:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Campbell M.D. (Degree or title) 0
22b. ADDRESS Macon Mo.
22c. DATE SIGNED 3/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE MAR. 5, 1957
23c. NAME OF CEMETERY OR CREMATORY Woodville Cem.
23d. LOCATION (City, town, or county) (State) Macon County, Mo.
24. FUNERAL DIRECTOR Lester Hutton ADDRESS Macon, Mo.
25. DATE REC'D. BY LOCAL REG. 3/9/57
26. REGISTRAR'S SIGNATURE Ruth M Neely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18

County File No. .....

Date Filed 3/1/57

MAR 31 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Billy H. Binder, Student Embalmer No. 54

working under my personal supervision.

Student Billy H. Binder
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 457

P. O. Address Macon, M

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