

FILED APR 17 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1225 State File No. **15946**
3076 Registrar's No. **73**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Greene	
b. CITY OR TOWN Washington		c. CITY OR TOWN Springfield	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5y 8mo.		e. STREET ADDRESS (If rural, give location) Route # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3		0290	
3. NAME OF DECEASED (Type or Print) HARVEY		a. (First) H.	b. (Middle) PHILLIPS
c. (Last) PHILLIPS		4. DATE OF DEATH (Month) (Day) (Year) 4 12 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 9/5/1900
9. AGE (In years last birthday) 56		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) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME J. Frank Phillips	
13b. MOTHER'S MAIDEN NAME Liddie Shields		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME State Hospital Records		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhilitic Meningo-encephalitis		INTERVAL BETWEEN ONSET AND DEATH yes	
ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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? 2		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 12/31 , 19 56 , to 4/12 , 19 57 , that I last saw the deceased alive on 4/12 , 19 57 , and that death occurred at 3:00am. , from the causes and on the date stated above.			
23a. SIGNATURE George Esker MD		23b. ADDRESS State Hospital # 3	
23c. DATE SIGNED 4/12/57		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-57	
24c. NAME OF CEMETERY OR CREMATORY Olson Creek		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 4-13-1957		REGISTRAR'S SIGNATURE Anna E. Gurry	
25. FUNERAL DIRECTOR'S SIGNATURE Ralph Thine		ADDRESS Springfield, Mo.	

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

451-0

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..... *Lee Mason*

Licensed Embalmer No. *4568*

P. O. Address *Peru, Pa.*

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.