

Health, Welfare, Public Service, 300, 1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20765

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 708

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> <u>03960</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>420 N. Lexington</u>		Length of stay in 1b <u>60 years</u>	d. STREET ADDRESS (If outside, give location) <u>420 N, Lexington</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Phillips</u> Last <u>Phillips</u>			4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1957</u>		
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 1, 1866</u>	9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco Machinest</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>West Virginia</u>	
13. FATHER'S NAME <u>Sam Phillips</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Montgomery</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Ollie Bungarner</u> Address <u>420 N. Lexington, Springfield</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, Bronchial</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>H91X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>6, 10, 57</u> to <u>7, 10, 57</u> and last saw her alive on <u>7, 10, 57</u> Death occurred at <u>10:00</u> <u>h</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>505 Medical Arts Bldg</u> <u>Springfield, Missouri</u>		
22c. DATE SIGNED <u>7, 10, 57</u>			23a. BIRTH, CREMATION, REMOVAL (Specify) <u>Burial</u>		
23b. DATE <u>7-13-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lodson cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Jewell F. Windle - 630 E. St. Louis St.</u>			25. DATE RECD. BY LOCAL REG. <u>7-11-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 25 1957

256 7 8 907

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 *Robert E. Muhlema*

Licensed Embalmer No. 49

P. O. Address *Spring*

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