

Health, Welfare
Public
Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25489

STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portage Twp.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Portageville</u>		Inside Limits 012/0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>En route to hospital</u>			Length of stay in lb	d. STREET ADDRESS <u>7th Street</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Allen</u> Last <u>Phillips</u>				4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: <input type="checkbox"/> NEVER MARRIED: <input checked="" type="checkbox"/> WIDOWED: <input type="checkbox"/> DIVORCED: <input type="checkbox"/>	8. DATE OF BIRTH <u>July 17, 1955</u>		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Gideon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James W. Phillips</u>				14. MOTHER'S MAIDEN NAME <u>Bonnie E. Harey</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>James Phillips Portageville, Mo.</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>Cerebro-vascular accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)	331X				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <u>Congenital Anemia</u>							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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY (TOWN), OR LOCATION <u>Portageville New Madrid Mo.</u>		COUNTY	STATE
21. I attended the deceased from <u>1955</u> to <u>July 18, 57</u> and last saw ^{her} _{him} alive on <u>18 July 57</u> . Death occurred a _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Portageville Mo</u>		22c. DATE SIGNED <u>7-18-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. (State)	
<u>Burial</u>	<u>July 19, 1957</u>	<u>Portageville Cemetery</u>		<u>Portageville, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>DeLisle Funeral Parlor Portageville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-29-57</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DATE RECEIVED AUG 6 1957
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 _____
Licensed Embalmer No. _____
P. O. Address _____

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.