

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Cause, Tanner, P.D. 0  
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 Cause cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27838  
 STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 285

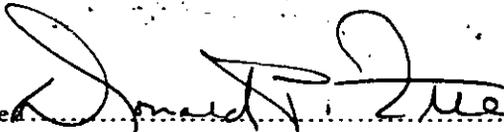
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Tebbetts</b>		Inside Limits 0140 Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Saint Mary's Hospital</b>			Length of stay in 1b <b>one month</b>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELIJAH</b> Middle <b>DANIEL</b> Last <b>PHILLIPS</b>				4. DATE OF DEATH Month <b>Sept</b> Day <b>1st</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Febr 28th 1865</b>		9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>			100. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Franklin County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Phillips</b>				14. MOTHER'S MAIDEN NAME <b>Melissa Hyatt</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Clarence Phillips Tebbetts, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic cardio-vascular disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arteriosclerotic gangrene of toes 4221</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>Years</b>
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.) <b>Arteriosclerotic gangrene of toes 4221</b>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
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 <b>Jefferson City, Mo.</b>		COUNTY <b>Callaway</b>	STATE <b>Missouri</b>
21. I attended the deceased from _____ to <b>Sept. 1, 1957</b> and last saw him alive on <b>Sept. 1, 1957</b> Death occurred at <b>11:15 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Robert H. Tanner, M.D.</b>				22b. ADDRESS <b>Jefferson City, Mo.</b>		22c. DATE SIGNED <b>3 Sept 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 3rd '57</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Tebbetts, Missouri</b>			
24. FUNERAL DIRECTOR <b>Tanner Service Jefferson City, Mo.</b>				ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3 Sept 1957</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Norris, M.D. JR.</b>	

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OCT 1 1957

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   
Donald P. Freeman  
Licensed Embalmer No. 462

P. O. Address Jefferson  
Missouri

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.