

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31332**

FILED OCT 3 1957

BIRTH. NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Clay</u>		c. CITY OR TOWN <u>Hornersville</u>	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) <u>64 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1 - 3mi. E of Hornersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence - 3mi. E. of Hornersville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Philhours</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 19, 1880</u>
9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>77</u> <u>5</u> <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Olney, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Michael Philhours</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Wolverton</u>		14. NAME OF SPOUSE OR WIFE <u>Hattie Bryant Philhours</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David Philhours - beachville, Ark. Rt. 1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>3 mths</u>
	DUE TO (c) <u>Hypertension</u>		<u>10 yrs</u>
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 <u>331x</u>		20. AUTOPSY? <u>2</u> 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1, 1956, to 19 Aug, 1957, that I last saw the deceased alive on 19 Aug, 1957, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D W Robinson</u> (Degree or title) <u>MD</u>	23b. ADDRESS	23c. DATE SIGNED <u>8/21/57</u>
--	--------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9/26/57</u>	REGISTRAR'S SIGNATURE <u>Sue Galenske</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - beachville, Ark.</u>	ADDRESS
---	---	---	---------

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 9-30-5

COUNTY FILE NUMBER 957

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 *Monte Y. Grimes*

Licensed Embalmer No. 5032

P. O. Address *Lynchville, Va.*

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.