No. 300
10.48

FILED JAN 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

647

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plattsburg
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 713 W. Locust St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clinton
c. CITY OR TOWN Plattsburg
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 713 W. Locust St.

0250

3. NAME OF DECEASED (Type or Print)
a. (First) Iva
b. (Middle)
c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year) Jan. 17-58

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-18-1873
9. AGE (In years last birthday) 83 | 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) Houeswife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel D. Sell
13b. MOTHER'S MAIDEN NAME Leah Hendirks
14. NAME OF HUSBAND OR WIFE Chas. O. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. O. Phillips, Plattsburg, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	6-8 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterio + athero-sclerosis	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus	8 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

4201

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug -, 1953, *to* Jan 17, 1958, *that I last saw the deceased alive on* Jan 17, 1958, *and that death occurred at* 12 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John P. Mabrey M.D.
23b. ADDRESS Plattsburg, Mo.
23c. DATE SIGNED Jan. 20, 1958

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-20-58
24c. NAME OF CEMETERY OR CREMATORY Greenlawn
24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.

DATE REC'D BY LOCAL REG. Jan 23, 1898 - REGISTRAR'S SIGNATURE Elizabeth Scearce
25. FUNERAL DIRECTOR'S SIGNATURE W. E. Summersfield ADDRESS Stewartsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. E. [illegible]

Licensed Embalmer No. 7001

P. O. Address Stewartsville

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