

Health, Welfare
Public Service

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10200
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5468 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Taylor Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Taylor Township 0390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rogersville-Rt. 2		Length of stay in 1b 4 yrs.	d. STREET ADDRESS (If outside, give location) Rogersville-Rt. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sam Middle G. Last Phillips			4. DATE OF DEATH Month Jan. Day 9, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 20, 1897	9. AGE (In years (birthdays)) 60	10. UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mech. & Farmer	10b. KIND OF BUSINESS OR INDUSTRY Garage & Farm	11. BIRTHPLACE (City and state or country) Hardin County, Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Hardin H. Phillips	13b. MOTHER'S MAIDEN NAME Ella ---?	14. NAME OF HUSBAND OR WIFE Etta Phillips
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 491-05-2114	17. INFORMANT Mrs. Etta Phillips-Rogersville, Mo. Address 4201
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min 3 yr 6 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Insufficiency	
	DUE TO (c) Generalized Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) 4201		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.)
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20c. TIME OF INJURY Hour 9:30 a.m. P. Month, Day, Year Feb 1956	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.) Springfield, Mo.	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Missouri	STATE Mo.
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21. I attended the deceased from Feb 1956 to Jan 9, 58 and last saw her alive on Jan 9, 58 Death occurred at 9:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Carl W. Russell (Degree or title)	22b. ADDRESS 1501 S. Clark Springfield, Mo.	22c. DATE SIGNED 1-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-14-1958	23c. NAME OF CEMETERY OR CREMATORY Springfield National	23d. LOCATION (City, town, or county) (State) Springfield, Missouri.
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24. FUNERAL DIRECTOR Fey James	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 1-10-58	26. REGISTRAR'S SIGNATURE Edith Williamson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

300
-57

MAR 3 0.1962

JAN 1 6 1958

FEB 1 9 1958

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. 3312 P. O. Address Springfield, M

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.