

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1719
STATE FILE NUMBERRegistration District No. 155 Primary Registration District No. 5579 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Webb City Mineral Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elmhurst Conv Home</u>		Length of stay in 1b <u>4 Months</u>	d. STREET ADDRESS (If outside, give location) <u>2001 North Florida</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>Martin</u> Last <u>PHILLIPS</u>			4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 31, 1876</u>		9. AGE (In years from birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Springfield, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Valentine Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Cytha Lea Mays</u>	
14. NAME OF HUSBAND OR WIFE <u>Beulah Phillips</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>514 26 3052</u>	
17. INFORMANT Address <u>Mrs Beulah Phillips 2001 N Florida Joplin, 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>Cerebral Hemorrhage</u> DUE TO (b) <u>Septicemia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr.</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. 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 <u>Joplin</u>		20g. COUNTY <u>Mo</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Sept 1958</u> to <u>Jan 13 58</u> and last saw him alive on <u>Jan 13, 58</u> Death occurred at <u>6:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <u>Beulah Phillips M.D.</u>		22b. ADDRESS <u>Webb City, Mo</u>
22c. DATE SIGNED <u>1-23-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-15-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		23d. LOCATION (City, town, or county) <u>Webb City, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Thornhill-Dillon Mort</u>		ADDRESS <u>Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>					

(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.

FEB 5 1958

Asper. County Health Office

County File Number 97

Date Filed FEB 5 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 W E Hudson

Licensed Embalmer No. 470

P. O. Address Keokuk Mo.

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.