

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010569

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 383

Primary Registration District No. 5055

Registrar's No. 25

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph 0883</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Mt. Vernon</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Moberly</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>	Length of stay in lb <b>9 days</b>	d. STREET ADDRESS <b>535 Johnson</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Oland</b> Middle <b>Buford</b> Last <b>Phipps</b>	4. DATE OF DEATH Month <b>March 1,</b> Day <b>1958</b> Year
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 6, 1904</b>	9. AGE (In years last birthday) <b>53</b>	10. F UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b>1</b> Min.	11. IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Cairo, Mo. (?) 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank R. Phipps</b>	13b. MOTHER'S MAIDEN NAME <b>Rata ?</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Phipps</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>491-07-0216</b>	17. INFORMANT <b>San. records, Mo. State San., Mt. Vernon, Mo.</b>	Address
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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) <b>Cachexia and pulmonary edema secondary to</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>intestinal reaction from metastatic carcinoma.</b>		
DUE TO (c) <b>1621</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchogenic carcinoma, right lobe of lung, with generalized metastasis to mediastinum, kidney, liver, ileum, lymph nodes and</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>mesentery</b>
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20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>	20d. INJURY OCCURRED WHILE AT <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>County STATE</b>
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21. I attended the deceased from <b>2 - 20 - 58</b> to <b>3 - 1 - 58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>3 - 1 - 58</b> Death occurred at <b>12:10 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John W. Phipps, M.D. 0</b>	22b. ADDRESS <b>Mt. Vernon, Missouri</b>	22c. DATE SIGNED <b>3-3-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-1-58</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>
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24. FUNERAL DIRECTOR <b>Thas L. Fournell</b>	ADDRESS <b>Mt. Vernon, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-3-58</b>	26. REGISTRAR'S SIGNATURE <b>Cecil Handrick</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

All diseases in Part I must be causally related.

AUG 14 1958

MAR 19 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 *Max L. Fossett* .....

Licensed Embalmer No. *4252* .....

P. O. Address *W. Vernon* .....

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.