

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014962

STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fredericktown</b>		c. CITY OR TOWN <b>Fredericktown</b> <u>0626</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>202 N. Main St.</b>		d. STREET ADDRESS (If outside, give location) <b>202 N. Main St.</b>	
Length of stay in 1b <b>2 1/2 years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Liza</b> Middle <b>Jane</b> Last <b>Phillips</b>			4. DATE OF DEATH Month <b>May</b> Day <b>5</b> Year <b>1958</b>		
5. SEX <b>Female</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>January 20, 1876</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Scott County, Missouri</b>	
13. FATHER'S NAME <b>James Strong</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>James A. Phillips - Fredericktown, Mo.</b>

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>Medullary Paralysis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <b>Acute Cardiac Failure</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4200</b>			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.) <b>4200</b>		
20c. TIME OF INJURY Hour <b>11:50</b> Month <b>5</b> Day <b>5</b> Year <b>1958</b> a. m. <b>p. m.</b>			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		COUNTY	STATE

21. I attended the deceased from <b>May 27</b> to <b>April 5</b> and last saw <b>her</b> alive on <b>11:50 P. M.</b> of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ernie Dullman, D.D.</b>		22b. ADDRESS <b>FREDERICKTOWN, MO.</b>	22c. DATE SIGNED <b>5/6/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 7, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McGee Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bollinger County, Missouri</b>
24. FUNERAL DIRECTOR <b>L. Adamson</b>		ADDRESS <b>Fredericktown, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-6-1958</b>
			26. REGISTRAR'S SIGNATURE <b>Herence Peck</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
MAY 12 1958  
RECEIVED

FILE NO. 258-25

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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 J. H. Johnson.....

Licensed Embalmer No. 43

P. O. Address FREDERICKTOWN

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