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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024984
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 241

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City 0264 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 313 E. Ashley — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: Mrs. Nellie Elizabeth Phillips

4. DATE OF DEATH Month / Day / Year: August 9, 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: Sept. 11, 1884
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and state or country): Alton, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: George Smith
13b. MOTHER'S MAIDEN NAME: Laura Warren
14. NAME OF HUSBAND OR WIFE: Albert L. 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.: None
17. INFORMANT Address: Albert L. Phillips 313 E. Ashley J. C., Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder, with Generalized Metastasis and — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cachexia
DUE TO (c) 1551
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 5-29-58, to 8-9-58 and last saw her/him alive on 8-9-58
Death occurred at 1:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Rendell A. Clark, MD
22b. ADDRESS: Jefferson City, Mo
22c. DATE SIGNED: 8-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Victor Buescher
ADDRESS: JC Mo
25. DATE RECD. BY LOCAL REG.: 13 August 1958
26. REGISTRAR'S SIGNATURE: R. P. Dorris, MD - MR

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jcmo

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.