

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037060
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 187 Primary Registration District No. 304 Registrar's No. 247

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City hospital			Length of stay in 1b 4 yrs.	d. STREET ADDRESS (If outside, give location) 159 1/2 1104 Webster			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM LOUIS PHILLIPS				4. DATE OF DEATH Month Day Year Nov. 3, 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 21, 1868		9. AGE (In years birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret)			10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Linn County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stephen J. Phillips			13b. MOTHER'S MAIDEN NAME Margaret Kirby		14. NAME OF HUSBAND OR WIFE XX			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-24-7416A		17. INFORMANT Address Harry Phillips, Marceline, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction -							INTERVAL BETWEEN ONSET AND DEATH 2 Mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arteriosclerosis & coronary					
			DUE TO (c) Left foot - Amputated					
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 <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 Month, Day, Year a.m. p.m.								
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			COUNTY STATE	
21. I attended the deceased from July 5th to 3 hours and last saw her alive on 3 hours Death occurred at 12:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W D Vandewer M.D.			22b. ADDRESS Chillicothe Mo		22c. DATE SIGNED 4 Nov 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/5/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive cemetery		23d. LOCATION (City, town, or county) (State) Linn County, Mo.			
24. FUNERAL DIRECTOR Donald Gordon, Chillicothe, Mo.			25. DATE RECD. BY LOCAL REG. Nov-4-58		26. REGISTRAR'S SIGNATURE Francis B Neill			

NOV 18 1956

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 *Richard J. Banda*

Licensed Embalmer No. *4866*
P. O. Address *Chillicothe*

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.