

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038888

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

38

Primary Registration District No.

3006

Registrar's No. 530

S. 300
1-57

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia 01050 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M.U. Medical Center		Length of stay in 1b 30 years	d. STREET ADDRESS (If outside, give location) 200 Allen St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARA Middle ELLA Last Phillips			4. DATE OF DEATH Month Nov. Day 29 Year 1958
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-15-85
9. AGE (In years last birthday) 73		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ralls county Mo. U. S. A.
13a. FATHER'S NAME John Hawkins		13b. MOTHER'S MAIDEN NAME Elizja Green	14. NAME OF HUSBAND OR WIFE Jasper Phillips
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. none	17. INFORMANT Hospital chart Address Medical Center Columbia, 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) HEMORRHAGE, GASTRO-INTESTINAL TRACT, SOURCE UNKNOWN DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
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 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 9:30 AM 29 NOV , to 9:45 AM 29 NOV and last saw her alive on 29 NOV 58 Death occurred at 9:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J S Sanders M.D.		22b. ADDRESS UNIVERSITY MED. CENTER	22c. DATE SIGNED 29 NOV 58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 2-1958	23c. NAME OF CEMETERY OR CREMATORY Columbus	23d. LOCATION (City, town, or county) (State) Columbia, Mo.
24. FUNERAL DIRECTOR ADDRESS Mrs Stuart Parker, Columbia, Mo.		25. DATE RECD BY LOCAL REG. Dec 1 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Every entry on this form 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 George H. Green _____

Licensed Embalmer No. 4220 _____
P. O. Address Muskegon, Mich. _____

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.

DEC 11 1958