

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043804
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 4

300 D.4
1-5
Albert P. Simpson, M.D.

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|---|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Carroll | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Green Forest | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poster Rest Home | | Length of stay in 1b 11 Months | d. STREET ADDRESS Green Forest | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First CORA Middle ELLA Last PHILLIPS | | | 4. DATE OF DEATH December 30, 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 31 August 1867 | 9. AGE (In years last birthday) 91 | 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) Michigan | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME Stephen Littler | | |
| 13b. MOTHER'S MAIDEN NAME Alice Calhoun | | | 14. NAME OF HUSBAND OR WIFE Henderson B. 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 Address Mrs. Orby Dunlap-Green Forest, Ark. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia | | | | | INTERVAL BETWEEN ONSET AND DEATH 9 days |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) Cerebral Thrombosis | | | | | 15 " |
| DUE TO (c) Generalized Arteriosclerosis | | | | | Unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic Insufficiency; Essential Hypertension 332x | | | | | 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 <input type="checkbox"/> WORK 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 9-30-58 to 12-24-58 and last saw her alive on 12-24-58 Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Albert P. Simpson, M.D. (Degree or title) | | | 22b. ADDRESS 501 Springfield Rd Bldg Springfield Missouri | | 22c. DATE SIGNED 1-5-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 12-30-58 | 23c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery | | 23d. LOCATION (City, town, or county) (State) Green Forest, Ark. |
| 24. FUNERAL DIRECTOR Nelson Funeral Home-Berryville, Ark. | | | 25. DATE RECD. BY LOCAL REG. 1-5-59 | | 26. REGISTRAR'S SIGNATURE Effie S. Melton |

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 *Robert M. Fraw*

Licensed Embalmer No. *4732*
P. O. Address *Springfield*

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.