

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017388

FILED JUN 8 1959

Registration District No. 128 Primary Registration District No. 2000 STATE FILE NUMBER 543 Registrar's No.

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-57

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1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA St. Johns Hospital</b>		Length of stay in 1b <b>2396</b>	d. STREET ADDRESS (If outside, give location) <b>912 E. Elm</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CARROLL</b> Middle <b>E.</b> Last <b>PHILLIPS</b>			4. DATE OF DEATH Month <b>June</b> Day <b>1</b> Year <b>1959</b>	
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5. SEX <b>Male</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>Dec. 24, 1893</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done) <b>Eng. Designer - Prisco RR</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>W.B. Phillips</b>	13b. MOTHER'S MAIDEN NAME <b>Mary F. Womack</b>	14. NAME OF HUSBAND OR WIFE <b>Mabel Phillips</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name and dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mabel Phillips</b>	Address <b>Springfield, Mo.</b>
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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>Myocardial infarction</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>Coronary occlusion</b>	"
	DUE TO (c) <b>Arteriosclerotic Cardio-vascular disease</b>	<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatoid arthritis</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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 <b>Springfield Greene, Mo.</b>	COUNTY <b>Greene</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>Sept 17 '58</b> to <b>June 1 '59</b> and last saw him alive on <b>May 29, '59</b> Death occurred at <b>7:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS <b>609 Cherry St</b>	22c. DATE SIGNED <b>June 3 '59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-3-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
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24. FUNERAL DIRECTOR <b>J.W. Klingner &amp; Co.</b>	ADDRESS <b>Spfld, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-3-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Additional causes in Part I must be causally related.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
MEDICAL CERTIFICATION  
H. D. S. 156

6961 0 I NOT JUN 8 1959

6961 6 I NOT JUN 9 1959

6961 2 I NOT JUN 7 1959

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 *Max Howard* .....

Licensed Embalmer No. *4071* .....  
P. O. Address *Spring* .....

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.