Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017436

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 128 Primary Registration District No. ——— Registrar's No. 484

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Walnut Grove — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 mi S. E. of W. G. — Length of stay in lb
d. STREET ADDRESS (If outside, give location) 4 mi. S. E. of W. G. — Reside on Farm Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Walnut Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 4 mi. S. E. of W. G. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First EDGAR Middle CLARENCE Last PHILLIPS

4. DATE OF DEATH Month May Day 14 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 4, 1893
9. AGE (In years last birthday) 65 — 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
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Greene County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marion Phillips
13b. MOTHER'S MAIDEN NAME Clara Burkhead
14. NAME OF HUSBAND OR WIFE Helen Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-42-6061
17. INFORMANT Address Helen Phillips, Walnut Grove, Mo

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) Toxemia — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis (surgery Mar 1959) — 60 days
DUE TO (c) Carcinoma of Pancreas
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 12-20-56, to 5-14-59 and last saw her/him alive on 5-12-59
Death occurred at 4:45pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Homer F. Matz, D.O.
22b. ADDRESS Ash Grove, Missouri
22c. DATE SIGNED 5-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-16-59
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Walnut Grove, Mo.

24. FUNERAL DIRECTOR ADDRESS Ralph L. Daniel - Walnut Grove Mo
25. DATE RECD. BY LOCAL REG. 5-21-59
26. REGISTRAR'S SIGNATURE Effie G. Meeton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 28 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 Doyle L. Sowell

Licensed Embalmer No. 470

P. O. Address Ash Grove

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.