

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029263

FILED VS SEP 4 1959 149

Registration District No. 1002 Primary Registration District No. 4029 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannas City</u>		Length of stay in 1b <u>10 mos</u>	c. CITY OR TOWN <u>Plattsburg Mo.</u>
d. STREET ADDRESS <u>Bridge 7th &amp; 10th Sts</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Charles Oliver Phillips</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>18</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 23, 1878</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u> Hours <u>25</u> Min.	IF UNDER 24 HR
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Robert Palmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plattsburg Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
11. FATHER'S NAME <u>Frances S Phillip</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Phillip</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or <u>unknown</u> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Alvin Knorr</u> Address <u>Marion City, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>unk known</u> <u>unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour <u>9:45 A.</u> Month, Day, Year		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 <u>Sept 1958</u> to <u>18 Aug. 59</u> and last saw <sup>him</sup> alive on <u>June, 1959</u> Death occurred at <u>9:45 A.</u> m., on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William R. Doherty, MD</u>		22b. ADDRESS <u>2108 W. 75th KC 15 MO</u>	
22c. DATE SIGNED <u>19 Aug 59</u>		23. DATE OF CEMETERY OR CREMATORY <u>Greenhawn</u>	
23a. RITUAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>Aug 20, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenhawn</u>		23d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo</u>	
24. FUNERAL DIRECTOR <u>Robert R. Speake</u>		25. DATE RECD. BY LOCAL REG. <u>8-19-59</u>	
26. REGISTRAR'S SIGNATURE <u>neve mendall</u>			

DOCUMENT

BY AFFIDAVIT OF William R. Doherty, M.D. MEDICAL CERTIFICATION

JAN 31 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Poland R. Sparks

Licensed Embalmer No. 3607

P. O. Address Indep M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.