

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 26 1959

59-035638

Registration District No. 82 Primary Registration District No. 5309 Registrar's No. 151

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cooper			
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville Twp.		Length of stay in 1b 67 yr.		c. CITY OR TOWN Boonville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) at Home R. F. D. #2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edna E. Phipps				4. DATE OF DEATH Month Day Year Oct. 17, 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 21, 1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR 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 Home		11. BIRTHPLACE (City and state or country) Cooper Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Oscar Calvert			13b. MOTHER'S MAIDEN NAME Bascha Ann Pogue		14. NAME OF HUSBAND OR WIFE G. W. Phipps		
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. -----		17. INFORMANT Address Mr. G. W. Phipps R.F.D. Boonville		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive & arteriosclerotic Cardiovascular disease							
DUE TO (c) _____							
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		
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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 10-17-59		COUNTY	STATE
21. I attended the deceased from 8-12-59 to 8-12-59 and last saw her 9:30 P. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William O. Alsch, M.D. (Degree or title)			22b. ADDRESS 329 Main St., Boonville, Mo			22c. DATE SIGNED 10-22-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/20/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery		23d. LOCATION (City, town, or county) Boonville, Missouri		(State)	
24. FUNERAL DIRECTOR Goodman & Boller Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 10/22/59		26. REGISTRAR'S SIGNATURE DG Hooper		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

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.