FILED VS NOV 9 1959

Dr. Ferrell

AMENDED

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035875

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1170

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: 2 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1701 CAIRO — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: OREGON
c. CITY OR TOWN: ALTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MAUDE Middle M. Last PHILLIPS

4. DATE OF DEATH Month OCT. Day 29 Year 1959

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ **Never Married** ☐ **Widowed** ☒ **Divorced** ☐

8. DATE OF BIRTH: MARCH 1878

9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): DANVILLE, ILL.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: EMILY GOHN

14. NAME OF HUSBAND OR WIFE: ROLLAND B. PHILLIPS (DEC.

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.: NO

17. INFORMANT: GEORGE C. PHILLIPS, SPFLD, MO. Address

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): Bilateral Pulmonary Embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerotic Heart disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Sigmoidal diverticulosis and diverticulitis c̄ Pelvic Abscess

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-20-59, to 10-29-59 and last saw her/him alive on 10-24-59

Death occurred at 6:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. E. Ferrell M.D.

22b. ADDRESS: 302 Prof. Bldg. Springfield Mo

22c. DATE SIGNED: 10-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 10/31/59

23c. NAME OF CEMETERY OR CREMATORY: SMITH CEMETERY

23d. LOCATION (City, town, or county) (State): ALTON, MO.

24. FUNERAL DIRECTOR: H.H. LOHMEYER ADDRESS: SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.: 11-2-59

26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter E Hamella

Signature of Student Embalmer

Licensed Embalmer No. 380

P. O. Address Springfie

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