DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

'59 044489
STATE FILE NUMBER

MENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 23 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Joplin General Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 28th & Iron Gates Rd.,
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First LEO Middle ALOYISUS Last PHILLIP
4. DATE OF DEATH: Month December Day 26 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-4-1882
9. AGE (last birthday): 77
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): Kennel Operator
10b. KIND OF BUSINESS OR INDUSTRY: Dog Kennels
11. BIRTHPLACE (City and state or country): Clay Center, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Aloyisus Phillip
13b. MOTHER'S MAIDEN NAME: Katherine Alton
14. NAME OF HUSBAND OR WIFE: Ruth Phillip
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488-16-1344
17. INFORMANT: Ruth Phillip, Joplin, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Inanition and Debility	6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Cicatricial Stenosis of Pylorus	1 Year
DUE TO (c)	Chronic Peptic Ulcer of Pylorus	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None
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 May 25, 1959, to December 26, 1959, and last saw him alive on 12-26-59
Death occurred at 10:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. E. Stephens O.D. (Degree or title) D.O.
22b. ADDRESS: 211 West 20th St., Joplin, Missouri
22c. DATE SIGNED: 12-29-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-29-59
23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Joplin, Missouri
24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 6 - 1960
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 David Dillon

Signature of Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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