

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =60-014492

FILED VS APR 18 1960

Registration District No. 55 Primary Registration District No. 2011 Registrar's No. 36 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>		Length of stay in 1b <b>15 months</b>	c. CITY OR TOWN <b>Carrollton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>502 N. Sloan</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>502 N. Sloan</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Wilson Allen Phillips</b>			4. DATE OF DEATH Month Day Year <b>April 11, 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-22-1891</b>	9. AGE (last birthday) <b>68</b>	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) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Church</b>	11. BIRTHPLACE (City and state or country) <b>Smithton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Phillips</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Iola Phillips</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-40-7537A</b>	17. INFORMANT Address <b>Mrs. W.A. Phillips, Carrollton, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>by shock, contusion, of auto accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. <del>ASSOC</del> (b) <b>Associated anemia, anxxx</b>		<b>4 to 6 month</b>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Terminal uremia caused by accident. nephritis under control until accident.</b>		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
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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 Month, Day, Year <b>4 9 60</b>	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 <b>Marshall Missouri</b>		

21. I attended the deceased from **2-9-1960** to **2-11-1960** and last saw him alive on **2-11-1960**  
Death occurred on **1:10 p.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Eugene L Bales M D</b>	22b. ADDRESS <b>Carrollton, Mo.</b>	22c. DATE SIGNED <b>4-12-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-15-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Smithton Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Smithton, Missouri</b>
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24. FUNERAL DIRECTOR <b>GIBSON FUNERAL HOME CARROLLTON, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>4/14/60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Herbert Carter</b>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUL 26 1960

AUG 18 1960

VS NOV 30 1960

MAY 23 1961

MAY 18 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed James F. Gibson

Licensed Embalmer No. 5076

R. O. Address Carrollton, Mo

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