

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014913

FILED VS APR 25 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 41819

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY GYEENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 1 WK		c. CITY OR TOWN FORDLAND		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle FRANKLIN Last PHILPOTT			4. DATE OF DEATH Month APRIL Day 11 Year 1960						
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-29-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY WEBSTER CO MO		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME WILLIAM H PHILPOTT			13b. MOTHER'S MAIDEN NAME GOSS		14. NAME OF HUSBAND OR WIFE MINNIE PHILPOTT				
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. 486-24-0469		17. INFORMANT Address ROBERT PHILPOTT SPRINGFIELD MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)						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 Month, Day, Year a.m. p.m.									
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 4-4-60 to 4-11-60 and last saw ^{him} alive on 4-11-60 . Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Elmer M Purcell, MD				22b. ADDRESS 609 Cherry St Springfield			22c. DATE SIGNED 4-18-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-13-1960	23c. NAME OF CEMETERY OR CREMATORY FORDLAND CEMETERY		23d. LOCATION (City, town, or county) (State) FORDLAND, MISSOURI				
24. FUNERAL DIRECTOR Kelley Ferrill Fordland, MO				25. DATE RECD. BY LOCAL REG. 4-21-60		26. REGISTRAR'S SIGNATURE Effie S. Mellon			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

