

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018913

FILED VS JUN 1 1960
ENDED

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MALDEN</u>		Length of stay in 1b <u>LIFE</u>	c. CITY OR TOWN <u>MALPEN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>116 N. MADISON</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>116 N. MADISON</u>	
3. NAME OF DECEASED (Type or print) First <u>VERNAL</u> Middle <u>S.</u> Last <u>PHILLIPS</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>18</u> Year <u>1960</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-16-80</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (City and state or country) <u>MC LEANS BORO, ILL. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u> </u>
13a. FATHER'S NAME <u>R. H. STANLEY</u>		13b. MOTHER'S MAIDEN NAME <u>DELLA MCGHEE</u>		14. NAME OF HUSBAND OR WIFE <u>ED PHILLIPS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>BUSTER ASHCRAFT, ST. Louis</u> Address <u>MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Abdominal Carcinoma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo -</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>no</u>					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 <u> </u> a.m. <u> </u> p.m. <u> </u>					
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 <u>Jan 10 - 1960</u> to <u>5-18-60</u> and last saw her/him alive on <u>5-17-1960</u> Death occurred at <u>7:40 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Tomov Beall</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>110 West Main Malden Mo</u>		22c. DATE SIGNED <u>5-19-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARK</u>	23d. LOCATION (City, town, or county) <u>MALDEN</u>		(State) <u>MO.</u>
24. FUNERAL DIRECTOR <u>DAY & KNIGHT, MALDEN</u>		ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>5-24-60</u>	26. REGISTRAR'S SIGNATURE <u>J. D. Schaeffer</u>	

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. J. Shawman

Licensed Embalmer No. 4080

P. O. Address Malde

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.