

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1960

-60-027418

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattin Twp.		Length of stay in lb 3 years		c. CITY OR TOWN Crystal City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Hill Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 313 Virginia Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First William Middle NMN Last Phillips				4. DATE OF DEATH Month July Day 28 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 25, 83		9. AGE (last birthday) 76		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) Glassworker (Ret)			10b. KIND OF BUSINESS OR INDUSTRY Glassmaking			11. BIRTHPLACE (City and state or country) Pilot Knob, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME William Phillips				13b. MOTHER'S MAIDEN NAME Minnie Ahrens				14. NAME OF HUSBAND OR WIFE None					
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. 489-03-4953		17. INFORMANT Address Chris Schrader, 313 Virginia, Crystal City							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Hypertension & Hyperensive DUE TO (b) Heart Disease DUE TO (c) General Arteriosclerosis 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										INTERVAL BETWEEN ONSET AND DEATH 6 years			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Dec 20-1954 to July 28, 1960 and last saw her July 28, 1960 alive on July 28, 1960 on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 10:00 AM													
22a. SIGNATURE (Degree or title) J. J. Summerford M.D.						22b. ADDRESS Crystal City Mo				22c. DATE SIGNED 7-29-60			
23a. BURIAL CREMATION, REMOVAL (Specify) Removal		23b. DATE July 30, 1960		23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery				23d. LOCATION (City, town, or county) Festus, Mo.					
24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l. Homes, Inc., Festus, Mo.					25. DATE RECD. BY LOCAL REG. July 29-1960		26. REGISTRAR'S SIGNATURE Marie Farris						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 1960

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 Keith B. Vinp

Licensed Embalmer No. 4976

P. O. Address Festus

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.