

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034272

FILED VS SEP 27 1960

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 60-60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood	Length of stay in lb 10 da.	c. CITY OR TOWN Golden 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 Lockwood Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none

3. NAME OF DECEASED (Type or print) First JOHN Middle PHILLIPS Last PHILLIPS	4. DATE OF DEATH Month Sept. Day 15 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/4/67	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HR Hours 10 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware-Grocery Greene Co., Mo.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Preston Phillips	13b. MOTHER'S MAIDEN NAME Russia Elizabeth Johnson	14. NAME OF HUSBAND OR WIFE Julia Belle Phillips
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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. ----	17. INFORMANT John P. Phillips, Golden City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis + dehydration CVA. DUE TO (b) 3 days DUE TO (c) 10 days	INTERVAL BETWEEN ONSET AND DEATH
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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
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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.)
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20c. TIME OF INJURY Hour 9 a.m. Month, Day, Year 9/5/60	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.) 9 A	20f. CITY, TOWN, OR LOCATION Golden City, Mo.	COUNTY Barton STATE Mo.
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21. I attended the deceased from 9/5/60 to 9/14/60 and last saw ^{her} _{him} 9/13/60 Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Emeru, Jaylor, Mo.	22b. ADDRESS Lockwood, Mo.	22c. DATE SIGNED 9/16/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept. 18, 1960	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Golden City, Mo.
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24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo.	25. DATE RECD. BY LOCAL REG. 9/20/1960	26. REGISTRAR'S SIGNATURE J. C. Canada
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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 *W. Lowell Rugh*

Licensed Embalmer No. 4951

P. O. Address Golden City

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.