MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

FILED APR 25 1961

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 46

61-014647
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Perryville
Length of stay in Ib: 1 Hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Perry Co. Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Perry
c. CITY OR TOWN: Perryville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rte. 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Josephine Middle: Last: Phillips
4. DATE OF DEATH: Month Day Year: 4-15-61
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-15-1889
9. AGE (last birthday): 72
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Amberger
13b. MOTHER'S MAIDEN NAME: Mary Ann Cutrell
14. NAME OF HUSBAND OR WIFE: Everett J. Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None 42-0786
17. INFORMANT: Everett J. Phillips, Address: Perryville R.3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Apoplexy, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 12 yrs
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. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1947, to 4-15-61 and last saw her/him alive on 4-15-61
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: Perryville, Mo
22c. DATE SIGNED: 4-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-18-61
23c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran Cem.
23d. LOCATION (City, town, or county) (State): Perryville, Mo.
24. FUNERAL DIRECTOR: Young & Sons ADDRESS: Perryville Mo
25. DATE RECD. BY LOCAL REG.: 4-18-61
26. REGISTRAR'S SIGNATURE: Jos J Zoellner
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Md

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.