

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 312

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

**FILED MAR 1 1962**

1. PLACE OF DEATH  
 a. COUNTY Greene  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb 5 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Memorial Hosp Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Greene  
 c. CITY OR TOWN Springfield Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 319 1/2 E. Walnut Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First OSCAR Middle CLYDE Last PHILLIPS 4. DATE OF DEATH Month Feb. Day 22 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6/7/85 9. AGE (last birthday) 76 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) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Brookline, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Sam Phillips 13b. MOTHER'S MAIDEN NAME Della Hays 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. Unknown 17. INFORMANT Mrs. Lula Reynolds; Spfd., Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Hypostatic Pneumonia  
 DUE TO (b) Self inflicted Wounds of the Neck  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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 18a) as far as can be ascertained injured wounds of neck were self inflicted

20c. TIME OF INJURY Hour 9:00 Month, Day, Year 2/21/62 a.m. p.m.

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 Springfield COUNTY Greene STATE Mo.

21. I attended the deceased from 2/21/62 to 2/22/62 and last saw <sup>hear</sup> him alive on 2/22/62  
 Death occurred at 9:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Effie E. Mellon (Degree or title) \_\_\_\_\_ 22b. ADDRESS 311 1/2 College Springfield, Mo. 22c. DATE SIGNED 2/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/25/62 23c. NAME OF CEMETERY OR CREMATORY Brookline Cemetery 23d. LOCATION (City, town, or county) (State) Brookline, Mo.

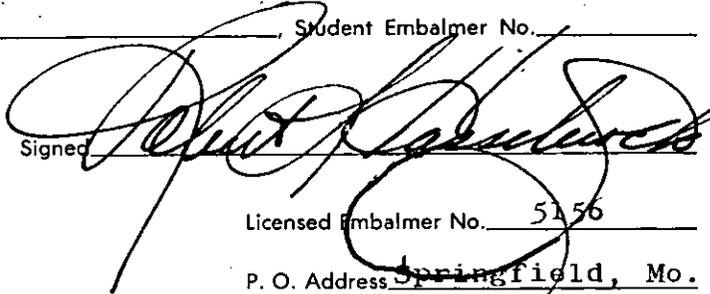
24. FUNERAL DIRECTOR Ayre-Goodwin ADDRESS Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 2-27-62 26. REGISTRAR'S SIGNATURE Effie E. Mellon

**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  \_\_\_\_\_

Licensed Embalmer No. 5156

P. O. Address Springfield, Mo.

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.