

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007312

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3046 Registrar's No. 32

AMENDED

**FILED MAR 5 1962**

1. PLACE OF DEATH  
 a. COUNTY Newton  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Neosho Length of stay in 1b 2 days  
 c. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY McDonald  
 c. CITY OR TOWN Goodman Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
HENRY McClURE PHILLIPS Feb. 18 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-10-1893 9. AGE (last birthday) 68  
 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) Drug Store Owner 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ethel M. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I 16. SOCIAL SECURITY NO. 17. INFORMANT Ethel M. Phillips Address Goodman, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Carcinoma of lung with metastasis INTERVAL BETWEEN ONSET AND DEATH 6 mo  
 DUE TO (b) \_\_\_\_\_  
 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 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 1961 to Feb 18, 1962 and last saw him live on Feb 18, 1962  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold C Bentley M.D. 22b. ADDRESS Neosho Mo 22c. DATE SIGNED 3-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 20, 1962 23c. NAME OF CEMETERY OR CREMATORY Howard 23d. LOCATION (City, town, or county) (State) Goodman, Mo.

24. FUNERAL DIRECTOR Roller Funeral Home Goodman, Mo. ADDRESS 3-1-62 25. DATE RECD. BY LOCAL REG 3-1-62 26. REGISTRAR'S SIGNATURE Delvin C Bowman MD  
by G. Belka

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

APR 6 1962

APR 19 1962

MAR 16 1962

**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 Robert E. Koller

Licensed Embalmer No. 5062

P. O. Address Anderson, 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.