MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018294
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 221

FILED MAY 21 1962

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in Ib: 33 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.Mo. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeaun — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 328 So. Sprigg St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna — Middle Bell — Last Phillips
4. DATE OF DEATH: Month May — Day 15 — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/2/1880
9. AGE (last birthday): 81 — 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): Housweife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Anna, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Moore
13b. MOTHER'S MAIDEN NAME: - Williams
14. NAME OF HUSBAND OR WIFE: Albert 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
17. INFORMANT: Address: Mrs. Otis Hosea-Cape Girardeau, Mo.

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) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 6 Mos
DUE TO (c) Generalized Arteriosclerosis — 1 year
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 1953, to 5/15/62 and last saw her ~~him~~ alive on 5/15/62
Death occurred at 9:47 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 24 No. Sprigg St. Cape Girardeau, Missouri
22c. DATE SIGNED 5/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/18/1962
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove Cemetery near Bloomfield, Mo.
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS: L. L. Haman-Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 5-19-1962
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	0168	0168	
3			
4	1		
5	2		
6			
7	1		
8	2		
9	332X		
10			
11			
12	3-6		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Bill Seabaugh

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_____ Signed Howard L Haman

Signature of Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.