

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034327

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 91

FILED SEP 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10380
20380

3
4 0
5 1
6
7 0
8 2
99103
10 6
11 038
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gentry</u>		Length of stay in lb <u>1 hr.</u>	c. CITY OR TOWN <u>Stanberry</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rice Saw Mill</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harold Lloyd Phillips</u>			4. DATE OF DEATH Month Day Year <u>Sept. 14, 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-21-1931</u>
9. AGE (last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Gentry Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Herbert Phillips</u>	
13b. MOTHER'S MAIDEN NAME <u>Fern Hazelwood</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel Faye Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT Address <u>Mrs. Ethel Faye Phillips, Stanberry, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of 5th Cervical Vertebra</u> <u>Fracture of Skull @ 7 Mass Hemorrhage</u> <u>Multiple right rib fractures</u> <u>with Mass Hemorrhage into</u> <u>lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Large Log fell from truck.</u>	
20c. TIME OF INJURY Hour <u>9</u> a.m. Month, Day, Year <u>9-14-62</u>	20d. INJURY OCCURRED WHILE AT WORK? <input checked="" 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.) <u>Rice Saw Mill</u>	20f. CITY, TOWN, OR LOCATION <u>Gentry, Gentry Co., Missouri</u>
21. I attended the deceased from _____ to _____ and I saw him alive of _____ viewed body after death Death occurred at <u>902 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. J. A. Barnes, Dr. Coroner</u>		(Degree or title) <u>Gentry Co.</u>	22b. ADDRESS <u>King City, Mo</u>
22c. DATE SIGNED <u>9-14-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-16-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stanberry, Mo.</u>
24. FUNERAL DIRECTOR <u>Johnson</u> ADDRESS <u>JOHNSON FUNERAL HOMES, Stanberry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bere</u>

OCT 5 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 *Ross Evan Johnson*

Licensed Embalmer No. 4948

P. O. Address *Stanberry, 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.