MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Take by Coroner's Office

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8748 STATE FILE NUMBER 62-036584

FILED SEP 17 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 9 Hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Louis Children's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Madison
c. CITY OR TOWN: Wood River — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 58 West Lorena — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ronald Middle: Dean Last: Phillips Jr.

4. DATE OF DEATH: Month 9 Day 8 Year 62

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-2-62

9. AGE (last birthday): 2mos. — IF UNDER 1 YEAR: Months 2, Days 6 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Litchfield, Ill.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Ronald Dean Phillips Sr.

13b. MOTHER'S MAIDEN NAME: Mary Mellenthin

14. NAME OF HUSBAND OR WIFE: none

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: E. Worthington — Address: 500 S. Kingshighway St. Louis, 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) Respiratory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Arrest
DUE TO (c) Convulsive Disorder Secondary to Space occupying mass
INTERVAL BETWEEN ONSET AND DEATH

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 9-8-62 to 9-8-62 and last saw her/him alive on 9-8-62
Death occurred at 11:10pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm Harter MD

22b. ADDRESS: 500 S. Kingshighway

22c. DATE SIGNED: 9-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-12-62

23c. NAME OF CEMETERY OR CREMATORY: Woodburn Cemetery

23d. LOCATION (City, town, or county) (State): Wood River, Ill.

24. FUNERAL DIRECTOR: Jacoby-Wise Funeral Home, Bunker Hill, Ill. — ADDRESS

25. DATE RECD. BY LOCAL REG.: SEP 10 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION — BY AFFIDAVIT OF — DOCUMENT

Dept Tol 9/12 Coroner 9/

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_____
Not Embalmed
Lawrence G. Meyer

Licensed Embalmer No._____

P. O. Address_____

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.