

CERTIFICATE OF DEATH

124

68 0027350

DO NOT WRITE  
ON THIS STUB

9. 1  
10a. 74  
10b.  
11. 0  
12. 3  
13. 4319  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 2-0

VS 300  
Rev. 1/68

Registration District No. 361 Primary Registration District No. 4515 Registrar's No. 47

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Mary Phillip Dail					Female	June 4, 1968	
RACE (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White		30 74	50. 74	Aug. 8, 1893	7a. Sullivan		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Milan		7c. Yes		7d. Sullivan County Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		USA		10. Divorced			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 491-42-3857		13. Homemaker		13b. Own Home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14b. Missouri		14b. Linn	14c. Purdin		14d. Yes		14e. --

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. David T. Brown					16. America Reynolds				
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Nanalee Smith					17b. Linneus, Mo. 64653				

CAUSE

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) Cerebral Hemorrhage		Immediate
DUE TO, OR AS A CONSEQUENCE OF:		
(b)		
DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
General Arteriosclerosis			19a. No	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	20h.	

CERTIFIER

CERTIFICATION—PHYSICIAN:		MONTH		DAY	YEAR	MONTH		DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	1. DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. DECEASED FROM		1 15		60	TO	21b. 6 4		68	21c. 6/4/68	21d. Did	21e. 5:40	21f. 5:40 P.M.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.													
22a. CERTIFIER—NAME (TYPE OR PRINT)													
22b. J.R. MARTOR													
SIGNATURE													
22c. J.R. Martor													
MAILING ADDRESS—CERTIFIER													
22d. Brown, Mo.													
22e. Street or R.F.D. No.													
22f. City or Town													
22g. State													
22h. ZIP													

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE
23a. Burial		23b. IOOF Cemetery		23c. Linneus, Mo.				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24a. June 6, 1968		24b. Wright Funeral Home, Linneus, Mo. 64653						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. C.W. Wright		25b. Mrs. M.W. Beckett		25c. 6-12-68				

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 MR. Nugent

Licensed Embalmer No. 4655

P. O. Address Meadville, 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.