

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006898  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre, Mo.</u>		c. LENGTH OF STAY (In this place) <u>0940</u>	c. CITY OR TOWN <u>Hurryville, Mo.</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Pinkey Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1958</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1891</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Elvins, Mo.</u>
13a. FATHER'S NAME <u>John Calvert</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Long</u>	14. NAME OF HUSBAND OR WIFE <u>John Phillips, Hurryville, Mo.</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Phillips Hurryville, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>		<u>4 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:20-58, 1958, to 2:22-58, 1958, that I last saw the deceased alive on 2:22-58, 1958, and that death occurred at 8:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Calvert, M.D.</u>		23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>2-25-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 25-58</u>	REGISTRAR'S SIGNATURE <u>Cather Kudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Cozean Farmington, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1958

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.....  
Signature of Licensed Embalmer

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.