

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21250

State File No. ....

FILED JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5780 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Barnett Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnett</u> <u>Harrison</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Barnett Rural</u> <u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH <u>JUNE 11-1952</u> (Month) (Day) (Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 11-1861</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kankakee Ill.</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Henry Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Thomas</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Phillips</u> ADDRESS <u>Barnett Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>47 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>April 2, 1947</u> , to <u>June 11, 1952</u> , that I last saw the deceased alive on <u>June 10, 1952</u> , and that death occurred at <u>7:50 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kerigan Latham</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point</u>	24d. LOCATION (City, town, or county) (State) <u>High Point Mo.</u>
DATE REC'D BY LOCAL REG. <u>6/17/52</u>	REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 198	25. FUNERAL DIRECTOR'S SIGNATURE <u>Griffith Russell</u> ADDRESS	

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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 .....  
Student Embalmer

Signed *[Signature]* .....

Licensed Embalmer No. *2307* .....

P. O. Address *Russellville 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 this body is not embalmed, fact should be so stated above.