

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2106**
Registrar's No. **8**

FILED FEB 3 1954

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) California, Mo Walker				c. LENGTH OF STAY (In this place) 4 Days		c. CITY OR TOWN Latham, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Nicholas		c. (Last) Phillips	
4. DATE OF DEATH		(Month) Jan		(Day) 15		(Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 26 1880		9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Days 6 Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Phillips		13b. MOTHER'S MAIDEN NAME Sarah Allee		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Josephine Williams Latham, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of tongue and neck. 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.				INTERVAL BETWEEN ONSET AND DEATH 3 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 141 X				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) m.		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 Jan 3 , 1954, to Jan 15 , 1954, that I last saw the deceased alive on Jan 15 , 1954, and that death occurred at 2 4 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kerzon Latham M.D.		23b. ADDRESS California, Mo		23c. DATE SIGNED 1-18-54			
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/19/54		24c. NAME OF CEMETERY OR CREMATORY Latham Cemetery		24d. LOCATION (City, town, or county) (State) Latham, Mo	
DATE REC'D BY LOCAL REG. 1-20-54		REGISTRAR'S SIGNATURE H. L. Popey HLR		25. FUNERAL DIRECTOR'S SIGNATURE Frank Bowlin - California			

(Licensed Embalmer's Statement on Reverse Side)

220

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

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 *Jack Bowlin*
Licensed Embalmer No. *49*

P. O. Address *California*

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.