

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4903

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 508

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northern Heights Mo.</u>	
c. LENGTH OF STAY (In this place) <u>44 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Northern Heights</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Phillip Joseph Gilliam</u>			4. DATE OF DEATH <u>Jan. 31 1949</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 30, 1893 55</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 1000 Hours <u> </u> Min. <u> </u>
--------------------	-------------------------------	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoisting Engineering</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>xxx</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Lonord Gilliam</u>	13b. MOTHER'S MAIDEN NAME <u>Beatrice Cotter</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Gilliam</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Gilliam</u>	ADDRESS <u>R.R. 2 Liberty Mo.</u>
---	---	---	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterioscler - nephro-sclerosis</u>		
	DUE TO (c) <u>Secondary hypertension</u>		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>UHLX</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 20, 1949, to Jan 31, 1949, that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Owens</u>	23b. ADDRESS <u>Mid. 1039 Reolto Bldg K.P. Mo.</u>	23c. DATE SIGNED <u>1-31-49</u>
---------------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem</u>	24d. LOCATION (City, town, or county) (State) <u>North Kansas City Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-3-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>	ADDRESS <u>North Kansas City Mo</u>
--	---	--	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.

Signed Theron O. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.