

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43774

5473

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 4325 Bales		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4325 Bales				d. STREET ADDRESS (If rural, give location) 4325 Bales				
3. NAME OF DECEASED a. (First) Martha			b. (Middle) B.		c. (Last) Phillips		4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH 11/10/1863		9. AGE (In years less birthday) 86	10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John West			13b. MOTHER'S MAIDEN NAME Elizabeth Rhon			14. NAME OF HUSBAND OR WIFE Walters L. h Phillips dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas G. Phillips, son, 4325 Bales				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute & chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalised DUE TO (c) Hernia, Inguinal, left II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4021					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)		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 Nov 24, 1949, to Dec 25, 1949, that I last saw the deceased alive on Dec 19, 1949, and that death occurred at 3:02 a.m., from the causes and on the date stated above.								
23a. SIGNATURE Donald Kirk Piper (Degree or title) Donald Kirk Piper M.D.				23b. ADDRESS 1700 Prof. Bldg. S.E. Mo		23c. DATE SIGNED 12/26/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12/27/49		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City MO.		
DATE REC'D BY LOCAL REG. 12-27-49		REGISTRAR'S SIGNATURE A. Waldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Stine McClure		ADDRESS Kansas City MO		

(Licensed Embalmer's Statement on Reverse Side)

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

Prof. B. D. D. 1
at your request

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 Mark E. Meyer

Licensed Embalmer No. 4555

P. O. Address. Kansas City 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.