

FILED MAR 6 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5550

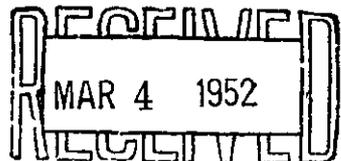
5120

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2022 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>	
c. LENGTH OF STAY (in this place) <u>Monday</u>		d. STREET ADDRESS (If rural, give location) <u>Fairground Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Med. Center</u>			
3. NAME OF DECEASED a. (First) <u>V</u>		b. (Middle) <u>J.</u>	
c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 11, 1880</u>
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>7</u> DAYS <u>8</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Meat Distributing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Sharpsburg, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James J. Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet E. Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Margaret Phillips</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. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Phippips</u>	
ADDRESS <u>Higginsville Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Broncheactasis (Rt lung)</u> <u>multiple abscesses and</u> <u>complete destruction of lung tissue</u>		Many years	
DUE TO (c) <u>Coronary Sclerosis</u>		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Sclerosis</u>			
19a. DATE OF OPERATION <u>2-19-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	
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>526X</u>			
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>2-19-52</u> , 19 <u>52</u> , to <u>2-19-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-19-52</u> , 19 <u>52</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. F. McKinney MD</u>		23b. ADDRESS <u>Warrensburg Mo</u>	
23c. DATE SIGNED <u>2-21-52</u>			
24a. BURIAL, CREMATION, DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Savannah D. [Signature]</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Higginsville Mo.</u>	

REC'D 9 3 AM '52



JOHNSON COUNTY HEALTH DEPT.

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 *Arvid Rickhof*.....

Licensed Embalmer No. *1428*

P. O. Address *Heggenwalle, W*

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.