0.300
0.48

FILED JUL 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23981

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 813

0

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150
d. STREET ADDRESS (If rural, give location): unknown 8

3. NAME OF DECEASED (Type or Print)
a. (First): Elmo
b. (Middle): Eugene
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 1, 1925
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Liquid Carbonic
11. BIRTHPLACE (City and State or Foreign Country): Stanberry, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William E. Phillips
13b. MOTHER'S MAIDEN NAME: Ethel Boatwright
14. NAME OF HUSBAND OR WIFE: Betty Jean Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Edwin Phillips, Stanberry, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Traumatic Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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. Circulatory Collapse — 1 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Albany, Gentry, Missouri 038
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1953 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Truck Accident

22. *I hereby certify that I attended the deceased from* July 18, 1953 *to* July 18, 1953, *that I last saw the deceased alive on* July 18, 1953, *and that death occurred at* 4:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Lee P. Lee DDC.
23b. ADDRESS: 823 Faraon, St. Joseph, Mo.
23c. DATE SIGNED: 7/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 7/18/1953
24c. NAME OF CEMETERY OR CREMATORY: _____
24d. LOCATION (City, town, or county) (State): Stanberry, Missouri

DATE REC'D BY LOCAL REG.: July 24, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heaton-Bowman Funeral Home St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1954

APR 9 1954

APR 15 1954

Dr. Lang

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 W. E. Edmonston

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St Joseph

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.