

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27192

BIRTH NO. 772 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3723

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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 29 hrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hosp.				e. STREET ADDRESS (If rural, give location) 2118 Amie 3108 D					
3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Eugene c. (Last) Dearing			4. DATE OF DEATH (Month) (Day) (Year) 7 - 29 - 54						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH Jan. 11, 1953			
9. AGE (In years last birthday) 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 1			
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Dearing			13b. MOTHER'S MAIDEN NAME Margerite Watts			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMY, FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 2118 Amie Marquerite Dearing, Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL BRONCHOPNEUMONIA 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 491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 7-28, 1954, to 7-29, 1954, that I last saw the deceased alive on 7-29, 1954, and that death occurred at 6:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Wayne Hart (Degree or title) MD				23b. ADDRESS Kansas City MO		23c. DATE SIGNED 7-30-1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-1954		24c. NAME OF CEMETERY OR CREMATORY Savannah Cem		24d. LOCATION (City, town, or county) (State) Savannah, MO			
DATE REC'D BY LOCAL REG. 7-30-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ASSANTINO Bros		ADDRESS KC MO			

(Licensed Embalmer's Statement on Reverse Side)

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 *Ronald C. Passantino*.....

Licensed Embalmer No. *455*.....

P. O. Address *Ke 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.