

No. 300  
 10.48  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 1345 253 Reg. #117897 FILED FEB 9 1955		<b>STANDARD CERTIFICATE OF DEATH</b>		State File No. <b>3497</b>	
BIRTH NO. _____ REG. DIST. NO. <b>317</b> PRIMARY REG. DIST. NO. <b>500</b> Registrar's No. <b>118</b>					
<b>1. PLACE OF DEATH</b> a. COUNTY <b>ST. LOUIS</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>NEBRASKA</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>155 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OMAHA</b>		<b>8 260</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>2630 DREXEL STREET</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>PHILLIP</b>		a. (First) <b>PHILLIP</b>	b. (Middle) <b>(omi)</b>	c. (Last) <b>MITCHELL</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1-14-55</b>
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>NEGRO</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>DIVORCED</b>	<b>8. DATE OF BIRTH</b> <b>11-6-96</b>	<b>9. AGE</b> (In years last birthday) <b>68 YRS</b>	IF UNDER 1 YEAR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>PIANO PLAYER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>MUSICIAN</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>OMAHA, NEBRASKA</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <i>Unknown</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Unknown</i>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-1</b>		<b>16. SOCIAL SECURITY NO.</b> <b>UNKNOWN</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</b>		
<b>18. CAUSE OF DEATH</b> 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>		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Unknown</b>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary Tuberculosis, far advanced, active, cavity formation.</b>			
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. (a) <b>Arteriosclerotic heart disease (a) Stenosis of aortic valve</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>002X</b>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from <u>8-12-54</u>, 19<u>  </u>, to <u>1-14-55</u>, 19<u>  </u>, and that death occurred at <u>10:15 pm.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <i>Robert B. Key no 109</i>		<b>23b. ADDRESS</b> <b>VET. ADM. HOSPITAL, JEFF. BRKS., MO.</b>		<b>23c. DATE SIGNED</b> <b>1-14-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>1-18-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Omaha Nebraska</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Omaha Nebraska</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>1/17/55</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Heber...</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Ellis Funeral Home 2820 Stoddard St.</b>	

**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 Fullton E. Culkin

Licensed Embalmer No. 498

P. O. Address Strawberry 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.