

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4602

State File No. 754No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>34 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>			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 <u>Lakeside Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1212 Denver</u>				<u>2228</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Bash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 11, 1880</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith-Ford</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Motor Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Parkville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Ambrose Bash</u>			13b. MOTHER'S MAIDEN NAME <u>May E. Clark</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Ocie Edna Bash</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ocie Edna Bash</u>		ADDRESS <u>1212 Denver</u>			
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) <u>Myocardial decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Renal decompensation</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Senility + arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>1 yr.</u> <u>8 yrs.</u> <u>443 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>Jan.</u> , 19 <u>57</u> , to <u>Feb. 19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 19</u> , 19 <u>56</u> , and that death occurred at <u>4:45 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Kenneth Adler, D.O.</u>				23b. ADDRESS <u>5811 Truman Rd. K.C. Mo.</u>		23c. DATE SIGNED <u>2-20-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-20-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons 4139 Truman Rd. K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

11/23/19

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..... *William H. Egan*

Licensed Embalmer No..... *472*

P. O. Address *N.C. N.*

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.