

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9267

|  |   |  |   |   |  |   |  |
|--|---|--|---|---|--|---|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>1264</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>   |   |  | c. LENGTH OF STAY (in this place)<br><u>40 yrs.</u>               |   | c. CITY OR TOWN <u>Kansas City</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>1119 East 8th Street</u>  |   |  |   | f. STREET ADDRESS (If rural, give location)<br><u>1119 East 8th Street</u> <u>31580</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>JACOB</u>   |   | b. (Middle) <u>H.</u>  |   | c. (Last) <u>PHILPOTT</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 21, 1956.</u>                     |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>                                  | 8. DATE OF BIRTH<br><u>July 27, 1887.</u>                         |   | 9. AGE (In years last birthday) <u>68</u>                                      | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Meat Cutter</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grocery Store</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Marshall, Missouri.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>Holman Philpott</u>   |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Alice Parke</u>                   |   | 14. NAME OF HUSBAND OR WIFE<br><u>---</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)<br><u>495-10-5481</u>                     |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Miss Bessie Philpott, 1119 E. 8th St. K.C. Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Liver Cirrhosis</u><br>DUE TO (c) <u>Alcoholism, Chronic</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Several years</u><br><u>Several years</u><br><u>5811</u>                                      |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION   |   |   |  | 20. AUTOPSY?<br>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)   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |   | 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>March 20, 1956</u> to <u>21 March 56</u> , that I last saw the deceased alive on <u>20 Mar, 1956</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above. |   |  |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Frederick A. Trefler D.O.</u>   |   |  |   | 23b. ADDRESS<br><u>5518 Truman Rd KC Mo</u>   |  | 23c. DATE SIGNED<br><u>3-21-56</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 24b. DATE<br><u>March 24, 1956</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill Cemetery</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri.</u> |   |  |
| DATE REC'D BY LOCAL REG.<br><u>3.22.56</u>   |   | REGISTRAR'S SIGNATURE<br><u>neva minshall</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>FREEMAN MORTUARY, Kansas City, Mo.</u>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD  
Frederick A. Trefler

See 1-6693

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 Walter H. Carini

Licensed Embalmer No. 43

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.