

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17283
STATE FILE NUMBER
2092

FILED MAY 21 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Osteopathic		Length of stay in 1b Life	B STREET ADDRESS 629 Brighton (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Alexander J. Phillips			4. DATE OF DEATH Month Day Year April 30 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1890
9. AGE (In years less birthday) 66		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. Security Armored Service		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alexander J. Phillips	
13b. MOTHER'S MAIDEN NAME Barbara Jessie		14. NAME OF HUSBAND OR WIFE Margaret Phillips	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO		16. SOCIAL SECURITY NO. 490-16-1565	17. INFORMANT N.E. Osteo. Hosp.-Kansas City, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) massive Gastric Hemorrhage DUE TO (b) Probable Peptic Ulcer Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diverticuli of Descending Colon + sigmoid			INTERVAL BETWEEN ONSET AND DEATH 4-26-57 5 Days ? 5400
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 26, 57 to April 30, 57 and last saw him alive on April 30, 1957 Death occurred at 10:56 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank E. Day, D.O. (Degree or title)		22b. ADDRESS 4314 East 9th St. K. C. Mo.	22c. DATE SIGNED 5-1-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar, K. C., Mo.		25. DATE RECD. BY LOCAL REG. 5-3-57	26. REGISTRAR'S SIGNATURE Neva Marshall

Frank E. Day

KP
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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 *George K. Trammel*

Licensed Embalmer No. *4425*

P. O. Address *K.C., 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.