. Health,
& Welfare
. Public
h Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028580
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Kearney Rural~~ Liberty — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Clay County Hospital — Length of stay in 1b: 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN North Kansas City — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS RR-13 (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Andrew Middle J. Last Phipps

4. DATE OF DEATH Month August Day 7 Year 1958

5. SEX Male

6. COLOR OR RACE white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH March 24, 1871

9. AGE (In years last birthday) 87

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and state or country) Sullivan Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jesse B. Phipps

14. MOTHER'S MAIDEN NAME Delila Helms

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Lottie Phipps RR13 North KC, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4500

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 15, 58 to Aug 7 and last saw ~~him~~ him alive on July 20
Death occurred at 9 AM on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Wm P Gaddis (Degree or title) MD

22b. ADDRESS Liberty Mo

22c. DATE SIGNED 8/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 8-10-58

23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery

23d. LOCATION (City, town, or county) Dover, Missouri (State)

24. FUNERAL DIRECTOR Tyler-Pasley Liberty, Missouri — ADDRESS

25. DATE RECD. BY LOCAL REG. 8-23-58

26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 23 1958
CLAY CO.
HEALTH CENTER

SEP 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address.....

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.