Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040139

STATE FILE NUMBER 5141

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes — Length of stay in Ib 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Fairway 66156 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 5550 Fairway (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First James Middle P Last Philip, Sr.

4. DATE OF DEATH Month October Day 28 Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH November 3, 1906

9. AGE (In years last birthday) 51 — 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) owner Philip Sealant Engineering Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Philip

13b. MOTHER'S MAIDEN NAME Louise Pettigrew

14. NAME OF HUSBAND OR WIFE Verona Philip

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. x 340-09-0094

17. INFORMANT Verona Philip Address 5550 Fairway

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) Congestive Heart Failure HYPERTENSIVE CARDIO VASCULAR DIS. — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute PYELO NEPHRITIS — 2 WEEKS
DUE TO (c) CARCINOMA OF BLADDER-TRANSITIONAL CELL — 5½ YRS
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 [X] 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 MAY 1, 1953, to Oct 28, 1958 and last saw him alive on Oct 27, 1958
Death occurred at 3:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. D. Mitchell (Degree or title) MD

22b. ADDRESS 411 Nichols Rd, KC, Mo.

22c. DATE SIGNED 10-29-58

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

23b. DATE 10-31-1958

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah

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

24. FUNERAL DIRECTOR Stine & McClure Und. Co., ADDRESS K. C. Mo.

25. DATE RECD. BY LOCAL REG. 10-30-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

A. D. Mitchell

B
A

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 M. Turner

Licensed Embalmer No. 4648

P.O. Address Kansas City, M

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.