

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005803

STATE FILE NUMBER

562

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 562

FILED FEB 19 1959

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	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 VA HOSPITAL		Length of stay 32 Days	d. STREET ADDRESS (If outside, give location) 1220 East 28th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SAMUEL Middle HOUSTON Last PHILLIPS			4. DATE OF DEATH Month JANUARY Day 25 Year 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16, 1909		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (City and state or country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John S. Phillips		13b. MOTHER'S MAIDEN NAME Minnie Graves		14. NAME OF HUSBAND OR WIFE Alice Phillips		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		16. SOCIAL SECURITY NO. 491 05 9917		17. INFORMANT Address VA Hospital Official Records		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion and edema		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Granuloma, liver, lung, and adrenal DUE TO (c) Probable Histoplasmosis Anaplastic bronchial carcinoma, L.U.L.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ((Item 18 I corr by dr's afdvt, 3-20-59, jf)) 1621		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m.		

20d. INJURY OCCURRED WHILE AT <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.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY _____ STATE _____
21. I attended the deceased from 12-24-59 to 1-25-59 Death occurred at 3:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>J. A. Turner</i>	(Degree or title) MD	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 1-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Reburial	23b. DATE 1-30-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kansas

24. FUNERAL DIRECTOR Mrs. Neek's Mortuary, K. C. Mo.	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 1-29-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. A. Turner
All diseases in Part I must be causally related.

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 *Millard B. Paskin*

Licensed Embalmer No. *5013*
P. O. Address *N. C. Me...*

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.