

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036341

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5172

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 17 yrs	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 St. Joseph Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 6903 Elmwood (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SAMUEL Middle A. Last PHILLIPS			4. DATE OF DEATH Month 10- Day 24 Year 59			
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Sup't	10b. KIND OF BUSINESS OR INDUSTRY Swope Park	11. BIRTHPLACE (City and state or country) Coshocton, Ohio	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Hart Phillips	13b. MOTHER'S MAIDEN NAME Catherine Swigert	14. NAME OF HUSBAND OR WIFE Clara Smith Phillips
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 95-10-7665	17. INFORMANT Address Mrs. Clara S. Phillips, 6903 Elmwood
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 12 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **May 7 1948** to **Oct. 24 59** and last saw her/him alive on **9-30-59**
 Death occurred at **11:50 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Quistgard MD	22b. ADDRESS 6946 Pleasant K. Ch...	22c. DATE SIGNED 10-26-59
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-28-59	23c. NAME OF CEMETERY OR CREMATORY St. Peter's & Paul Cem.	23d. LOCATION (City, town, or county) (State) Boonville Mo.
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24. FUNERAL DIRECTOR P. Wagner Funeral Home, K. C. Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-27-59	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF C. Quistgard

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 Neal William Davis

Licensed Embalmer No. 4195

P. O. Address Kansas City,

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.