RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-026238
STATE FILE NUMBER

FILED VS AUG 12 1960

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 120

DED

1. PLACE OF DEATH a. COUNTY: CLAY	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: NO. KANSAS CITY — Length of stay in 1b: 3 hrs.	c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NO.K.C. HOSPITAL — Inside Limits: Yes XX No ☐	d. STREET ADDRESS (If outside, give location): 703 SO. CRYSLER — Reside on Farm: Yes ☐ XX ☐

3. NAME OF DECEASED (Type or print)	First: LAURA	Middle: LYNN	Last: PHILLIPS	4. DATE OF DEATH	Month: AUGUST Day: 5, Year: 1960
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married ☐ Never Married XX Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 8-5-1960	9. AGE (last birthday)	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours 3 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT	10b. KIND OF BUSINESS OR INDUSTRY: INFANT	11. BIRTHPLACE (City and state or country): CLAY CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: GARY PAUL PHILLIPS	13b. MOTHER'S MAIDEN NAME: DONNA E. MOUNTS	14. NAME OF HUSBAND OR WIFE: NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT Address: GARY P. PHILLIPS, 703 SO. CRYSLER, INDEP., 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): Immature infant 24 wk gestation — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

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. ☐ Yes ☐ No ☐ Unknown

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 8-5-60, to 8-5-60 and last saw her/him alive on 8-5-60

Death occurred at 8:36 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walton Langhus M.D.

22b. ADDRESS: No Kansas City Mo

22c. DATE SIGNED: 8-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 8-8-60	23c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG.: 8-5-60	26. REGISTRAR'S SIGNATURE: Marguerite Hudgens	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond F. Slo

Licensed Embalmer No. 426

P. O. Address Independen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.