SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-033255
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 485

FILED OCT 3 1961

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 Independence
Length of stay in 1b

c. CITY OR TOWN Independence
Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San.& Hospital
Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 811 North Union
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)
First: Arthur Middle: B Last: Phillips

4. DATE OF DEATH Month: Sept Day: 26 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-9-1873
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Minister
11. BIRTHPLACE (City and state or country): Ledyard Conn.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Phillips
13b. MOTHER'S MAIDEN NAME: Abiah Chapman
14. NAME OF HUSBAND OR WIFE: Josie V Phillips

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: Josie V Phillips Address: 811 N.Union Independence

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerotic cardiovascular renal disease	yrs
DUE TO (c)	chronic asthma + emphysema	yrs

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 1943 to 9/26/61 and last saw ~~her~~ him alive on 9/26/61
Death occurred at 1:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vance E. Link, MD
22b. ADDRESS Vance E. Link M.D. 10901 Winner Rd. Independence Mo.
22c. DATE SIGNED 9/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 29 1961
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State): Independence Missouri

24. FUNERAL DIRECTOR: Roland R Speaks Funeral Home Indep.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-29-61
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

DEC 19 1961

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_____ Signed Wayne Smith

Signature of Student Embalmer

Licensed Embalmer No. 5081

P. O. Address Lindsay, 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.