

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050835
2013 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED JAN 17 1964

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3798	
3	
4 0	
5 1	
6	
7 0	
8 1	
9 163X	
10	
11	
12 64-0	
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
William Y. Eubank MEDICAL CERTIFICATION

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		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 30 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) 6201 AGNES AVENUE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Phillip G Middle MICHAEL Last MICHAEL			4. DATE OF DEATH Month DECEMBER Day 24 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		11. BIRTHPLACE (City and state or country) ANDERSON, MISSOURI	
10b. KIND OF BUSINESS OR INDUSTRY BEAUMONT BAG CO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Phillip Dean Michael		13b. MOTHER'S MAIDEN NAME IDA EDWARDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT HAZEL L. MICHAEL - 6201 AGNES AVENUE, KANSAS CITY, MISSOURI	
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 Insufficiency DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma left lung.			INTERVAL BETWEEN ONSET AND DEATH 10 days 2 m
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
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. Month, Day, Year _____		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	
21. I attended the deceased from OCT 1963 to Dec 63 and last saw him alive on 24 Dec 1963 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William Y. Eubank MD		22b. ADDRESS 6400 Prospect K@ Mo	
22c. DATE SIGNED 12-26-63			
23a. BURIAL CREMATION, REMAINS (Specify) BURIAL	23b. DATE DEC. 26, 1963	23c. NAME OF CEMETERY OR CREMATOR FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
24. FUNERAL DIRECTOR D.W. KUKAMERI'SONS - KANSAS CITY, MISSOURI		26. REGISTRAR'S SIGNATURE Beaile Smith	
25. DATE RECD. BY LOCAL REG. 12-26-63			

002083E

W. William S. ...
Research Hospital - front desk - off of morgue -
9.25.10.10

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

Edmund M. King

Licensed Embalmer No.

3566

P. O. Address

Genius City Ms

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.