

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1949

State File No. 7486

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>370</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Victorian Court Apartments.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>		b. (Middle) _____		c. (Last) <u>Phillip</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 12, 1867</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Lewis Phillip</u>			13b. MOTHER'S MAIDEN NAME <u>Celia</u>		14. NAME OF HUSBAND OR WIFE <u>Hattye Phillip</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hattye Phillip, St. Jos. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>U201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-30</u> , 19 <u>49</u> , to <u>3-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>49</u> and that death occurred at <u>11:20 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Type or Print) _____			23b. ADDRESS <u>St. Joseph, Mo.</u>			23c. DATE SIGNED <u>4-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASHLAND MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 7, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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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.

Signed James B. Hawkins

Signed.....
Student Embalmer.

Licensed Embalmer No. 4536

P. O. Address 319 S 10th St. Joseph, Mo

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 this body is not embalmed, fact should be so stated above.