

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3962

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 260

117  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |   |   |
|---|--|---|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Buchanan</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u><br>c. LENGTH OF STAY (In this place) <u>5 weeks</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>         |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u><br>d. STREET ADDRESS (If rural, give location) <u>2508 Sylvania Street</u>  |   |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <u>Ned</u> b. (Middle) <u>Francis</u> c. (Last) <u>Phillips</u>   |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>March 3, 1950</u>  |   |
| <b>5. SEX</b><br><u>Male</u>  | <b>6. COLOR OR RACE</b><br><u>White</u>  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Married</u>   | <b>8. DATE OF BIRTH</b><br><u>January 13, 1879</u>  |
| <b>9. AGE</b> (In years last birthday) <u>71</u>  |  | <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Retired Stationary Eng. Public School System</u>   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Clyde, Kansas.</u>   |
| <b>11. BIRTHPLACE</b> (State or foreign country)<br><u>USA</u>  |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u>   |   |
| <b>13a. FATHER'S NAME</b><br><u>Darwin Phillips</u>   |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Angenette Garton</u>   |   |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Grace J. Phillips</u>  |  | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*** **</u>  |   |
| <b>16. SOCIAL SECURITY NO.</b><br><u>None</u>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>Mrs. Grace J. Phillips St. Joseph, Mo.</u>   |   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinomatosis, generalized</u><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Prostate</u><br>DUE TO (c) _____<br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| <b>19a. DATE OF OPERATION</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |   |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>5 months</u><br><br><u>8 months?</u><br><br><u>177X</u>   |   |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)   | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>   |   |
| <b>22. I hereby certify that I attended the deceased from</b> <u>26 Dec.</u> , 19 <u>49</u> , to <u>2 March</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2 March</u> , 19 <u>50</u> , and that death occurred at <u>2:05 Am.</u> , from the causes and on the date stated above. |  |   |   |
| <b>23a. SIGNATURE</b> (Degree or title)<br><u>William P. Mc Donald M.D.</u>   |  | <b>23b. ADDRESS</b><br><u>301 N. 8th St. St. Joseph Mo.</u>   |   |
| <b>23c. DATE SIGNED</b><br><u>3 March 50</u>  |  | <b>24. LOCATION</b> (City, town, or county) (State)<br><u>St. Joseph, Missouri</u>  |   |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>   | <b>24b. DATE</b><br><u>Mar. 4, 1950</u>  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Mt. Auburn Cemetery</u>   | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>St. Joseph, Missouri</u>                               |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>Mar 3, 1950</u>   | <b>REGISTRAR'S SIGNATURE</b><br><u>E. G. Jenkins</u>   | <b>382</b>  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Walter Meinkoff</u> <u>1946 Colhoun St. St. Joseph, Mo.</u> |

**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, of \*\*\*\*\*

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\*\*\*\*

Student Embalmer No. \*\*\*\*\* \*\* \*\*

working under my personal supervision.

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Student .....

Student Embalmer

Signed

*Raymond W. Moulton*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.