

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20403
2435
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) 1 week

d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjudication)

a. STATE Kansas b. COUNTY Miami

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osawatomie 9150

d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED

a. (First) Mrs. Jessie b. (Middle) L. c. (Last) Phillips

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1950

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec. 1, 1907 9. AGE (In years last birthday) 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Charles C. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles C. Phillips, Osawatomie, Kansas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

19. MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilatation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Paralytic Ileus, post-operative, cause undetermined

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 5701

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Patricia Lloyd, 19 , that I last saw the deceased alive on , 19 , and that death occurred at m. from the causes and on the date stated above.

23a. SIGNATURE Jack Hill (Degree or title) JACK H. Hill M.D. 23b. ADDRESS 3001 Wyandotte St. Kansas 23c. DATE SIGNED 31 May 50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 5/31/50 24c. NAME OF CEMETERY OR CREMATORY Osawatomie, Ks. 24d. LOCATION (City, town, or county) (State) Osawatomie, Kansas

DATE REC'D BY LOCAL REG. 5-31-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE, Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Earl R. Krup
(or Dr. Hill)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph M. McPally

Licensed Embalmer No. *46924*

P. O. Address *K C 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.