

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33665

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 149  |  | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No. 4294   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  |  | c. LENGTH OF STAY (in this place) 30 Yrs.   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City                                      |  | d. STREET ADDRESS (If rural, give location) 4101 Kenwood                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4101 Kenwood  |  |   |  | 3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) H. c. (Last) PHILLIPS                                       |  |  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1950  |  | 5. SEX Male   |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married                             |  |
| 8. DATE OF BIRTH March 22, 1893   |  | 9. AGE (In years last birthday) 57  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor                       |  | 11. BIRTHPLACE (State or foreign country) Pleasant Hill, Missouri                |  |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A.   |  | 13a. FATHER'S NAME Lee Phillips   |  | 13b. MOTHER'S MAIDEN NAME Sylvia Elmore   |  | 14. NAME OF HUSBAND OR WIFE Elsa Phillips  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War 1   |  | 16. SOCIAL SECURITY NO. None  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elsa Phillips Kansas City, Mo.   |  |  |  |
| 18. CAUSE OF DEATH 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, asthma, etc. It means the disease, injury, or complication which caused death.      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute coronary occlusion</i><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Coronary heart disease</i><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>4201                                     |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.  |  | 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 _____, 19____, to _____, 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 Geo. C. Kealhofer (Degree or title)<br><i>Geo. C. Kealhofer, M.D., Deputy Coroner</i>  |  |   |  | 23b. ADDRESS 4056 Broadway St. Mo.  |  | 23c. DATE SIGNED 10-10-50  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE 10-11-50  |  | 24c. NAME OF CEMETERY OR CREMATORY  |  | 24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri            |  |
| DATE REC'D BY LOCAL REG. 10-10-50   |  | REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary   |  | ADDRESS Kansas City, Mo.   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Walter H. Erwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.