

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36406

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN CAR</u>		d. STREET ADDRESS (If rural, give location) <u>W. Mechanic St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wendell Phillip</u> b. (Middle) <u>Simple</u> c. (Last) <u>Simple</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12-50</u>	
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 6, 1891</u>	9. AGE (In years last birthday) <u>59</u> 10. MONTHS <u>10</u> 11. DAYS <u>6</u>	12. CITIZENSHIP OF THAT COUNTRY <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTH PLACE (State or foreign country) <u>Ottawa Kans!</u>	12. CITIZENSHIP OF THAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Matthew Semple</u>	13b. MOTHER'S MAIDEN NAME <u>Etta Kerner</u>	14. NAME OF HUSBAND OR WIFE <u>Olive Perry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>44-01835-03</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dave Moore</u>	18. ADDRESS <u>Ottawa Kan</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Budden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			

19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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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 <u>A. F. Harger</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>Nov. 13, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ottawa Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	25. FUNERAL HOME'S SIGNATURE AND ADDRESS <u>51 Harrisonville Mo</u>
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(If signed Embalmer's Statement on Reverse Side)

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

0190

321X

mo

NOV 18 1950

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Lloyd Atkinson
Signed.....

Licensed-Embalmer No. *3970*

P. O. *Harrisville*

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.

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