

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1950

State File No. 37349
Registrar's No. 438

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 27 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Independence		048P
d. FULL NAME OF HOSPITAL OR INSTITUTION 134 W. Sea			d. STREET ADDRESS (If rural, give location) 134 W. Sea		
3. NAME OF DECEASED (Type or Print) HAROLD		a. (First)	b. (Middle) FRANKLIN	c. (Last) PHILLIPS	4. DATE OF DEATH (Month) (Day) (Year) Nov 9, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peace Officer - Chief Indep, P.D.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles R. Phillips		13b. MOTHER'S MAIDEN NAME Addie B. House		14. NAME OF HUSBAND OR WIFE Mrs. Helen 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Phillips Indep, Mo.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver metastatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Lung Primary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Cervical Uterine				INTERVAL BETWEEN ONSET AND DEATH 6 months 162X 6 months
19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from <u>July 1, 1950</u> , to <u>Nov. 9, 1950</u> , that I last saw the deceased alive on <u>Nov. 9, 1950</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Shast Graboke, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 11/10/50	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Nov. 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.		
DATE REC'D BY LOCAL REG. Nov. 16-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell	ADDRESS Indep, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1961

SEP 14 1962

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Henry J. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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