

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16753  
1923

BIRTH NO. 86176-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

3008

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

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 OR TOWN Kansas City - life - D.O.D.		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3118 Gardner	
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital			

3. NAME OF DECEASED a. (First) Edward b. (Middle) Bartnum c. (Last) Phillips			DATE OF DEATH (Month) (Day) (Year) May 2, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married U	
8. DATE OF BIRTH Dec. 23, 1950		9. AGE (In years last birthday) 4 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13. FATHER'S NAME Donald Phillips		13b. MOTHER'S MAIDEN NAME Edythe Sowers		14. NAME OF HUSBAND OR WIFE infant	
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 AND ADDRESS Father, Donald Phillips, K.C.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxia secondary to pt. cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause undetermined DUE TO (c)		7620	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 F. C. Coleman (Degree or title) M.D. Pathologist		23b. ADDRESS 4922 Bell St, K.C., Mo.		23c. DATE SIGNED May 2, 1951	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 5-5-51		24c. NAME OF CEMETERY OR CREMATORY Kearney Fairview	
24d. LOCATION (City, town, or county) (State) Kearney Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil		ADDRESS K.C. Mo.	
DATE REC'D BY LOCAL REG. 5-4-51		REGISTRAR'S SIGNATURE Geraldine Holmes			

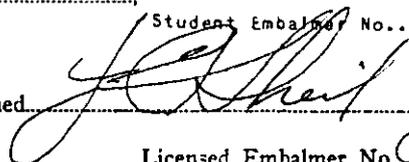
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 03625

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.