

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23183**

BIRTH NO. **44(660-51)** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2986**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass 0190	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Belton	
c. LENGTH OF STAY (in this place) 2da. 17hr. 90		d. STREET ADDRESS (If rural, give location) 705 Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Susan	b. (Middle) Kay	c. (Last) Phillips	4. DATE OF DEATH (Month) (Day) (Year)
				7-14-51

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) newborn 0	8. DATE OF BIRTH 7-11-1951	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 12 HRS. Min. 40
----------------------	-------------------------------	---	-----------------------------------	---------------------------------	--	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	--

13a. FATHER'S NAME Donald William Phillips	13b. MOTHER'S MAIDEN NAME Dorothy Jean Kratz	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Donald Phillips	ADDRESS 705 Walnut Belton Missouri
--	-------------------------	--	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemolytic disease of newborn		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rh factor DUE TO (c)		7-11-1951
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7-14-1951

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 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 **July 12, 1951**, to **July 14, 1951**, that I last saw the deceased alive on **July 14, 1951**, and that death occurred at **5:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Bailey C. Andrews M.D. (Degree or title)	23b. ADDRESS 315 Nicholas Road	23c. DATE SIGNED July 14, 1951
--	---------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-15-1951	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Missouri
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 7-14-51	REGISTRAR'S SIGNATURE Geraldine Johnson	25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons	ADDRESS Belton, Mo.
---	--	---	----------------------------

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard E. George

Licensed Embalmer No.

3958

P. O. Address.

Boston, 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.