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FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6239

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 496

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

0

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 3698
d. STREET ADDRESS (If rural, give location) Florence Crittenton Home, 225 W. 43rd

3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) PHILIP c. (Last) RILEY

4. DATE OF DEATH (Month) (Day) (Year) January 22, 1953

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) - 0

8. DATE OF BIRTH Dec. 24, 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 1 HR. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME -

13b. MOTHER'S MAIDEN NAME Perliee Riley

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 ADDRESS Mrs. W.S.P. Robins, 225 W. 43 rd St. KC 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) Diarrhea + dehydration

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

INTERVAL BETWEEN ONSET AND DEATH: 7640

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Jan, 1953, *to* 22 Jan, 1953, *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 Raymond B. Anderson (Degree or title) MD M.D. Raymond B. Anderson

23b. ADDRESS 411 Nichols Rd KC Mo

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/26/53

24c. NAME OF CEMETERY OR CREMATORY Memorial PK

24d. LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 1-26-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible] B [illegible] son Aft 12:00
(411 [illegible]
[illegible] 8100

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 Lou Stark

Licensed Embalmer No. 4216

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.