

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18018**
2395

FILED MAY 27 1953

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

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|---|---|--|---|
| 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) OR TOWN Kansas City | c. LENGTH OF STAY (in this place) 8 yrs. | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1932 Grove | | | |
| STREET ADDRESS (If rural, give location) 1108 East 42d Street | | | |

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|---|--|------------|-----------------------|----------------------|-------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) Phillip | | a. (First) | b. (Middle) H. | c. (Last) FIX | 4. DATE OF DEATH May 7, 1953 | | |
|---|--|------------|-----------------------|----------------------|-------------------------------------|--|--|

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|--------------------|-------------------------------|---|---------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 7-11-97 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------|---|---|--|

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|---|--|---|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Self | | 11. BIRTHPLACE (City and State or Foreign Country) Antelope, N. D. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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| 13a. FATHER'S NAME Henry Fix | | 13b. MOTHER'S MAIDEN NAME Caroline Standinger | | 14. NAME OF HUSBAND OR WIFE Connie Fix | |
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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) no | 16. SOCIAL SECURITY NO. 501-05-5460 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Connie Fix, 1108 E. 42d St., KC, Mo. | | ADDRESS | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis | | DUE TO (b) arterio-sclerotic heart disease | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) arteriosclerosis | | | 42 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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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.

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| 23a. SIGNATURE Geo. C. Keafoer (Degree or title) | 23b. ADDRESS 4058 Broadway, Kansas City, Mo. | 23c. DATE SIGNED 5-8-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-11-53 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 5-9-53 | REGISTRAR'S SIGNATURE Sheldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo. | |
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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.....
Signature of Student Embalmer

Signed *Allen E. Beck*.....

Licensed Embalmer No. *4063*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.