

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28814**
3844

| | | | | | | | | |
|--|---------------------------|--|---|--|--|--|-----------------------------|-----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 3844 | | |
| 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 town(ship)) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) LIFE | | c. CITY OR TOWN Kansas City | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION North East Osteopathic | | | | e. STREET ADDRESS (If rural, give location) 5426 Bonita | | 3358 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARJORIE | | b. (Middle) ANN | | c. (Last) PHILLIPS | | 4. DATE OF DEATH (Month) (Day) (Year) AUG. 1 1953 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0 | | 8. DATE OF BIRTH July 2, 1950 | | 9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY XX | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? US | | |
| 13a. FATHER'S NAME Warren B. Phillips | | | 13b. MOTHER'S MAIDEN NAME Margaret Smith | | 14. NAME OF HUSBAND OR WIFE X X | | | |
| 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. XX | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Warren B. Phillips, 5426 Bonita | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis - sequel of small intestine - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) faceration of mesentery | | | | INTERVAL BETWEEN ONSET AND DEATH 8:30 AM | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31, 1953 m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Was crushed by car against wall | | | | |
| 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 5:00 P. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer, 1st deputy coroner | | | | 23b. ADDRESS 4050 Broadway, St. Louis | | 23c. DATE SIGNED 8-2-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Aug 4 1953 | 24c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery | | 24d. LOCATION (City, town, or county) (State) Syracuse, Missouri | | | |
| DATE REC'D BY LOCAL REG. 8-3-53 | | REGISTRAR'S SIGNATURE Staldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, Kansas City 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.....
Signature of Student Embalmer

Signed Alvin R. Hausch

Licensed Embalmer No. 415

P. O. Address K. C. 71

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.