

STANDARD CERTIFICATE OF DEATH

45101

State File No. _____

No. 300
10-48*

FILED JAN-22 1954

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1001

Registrar's No. 6169

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	c. LENGTH OF STAY (In this place) <p align="center">2 YEARS</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1706 Brush Creek Parkway</p>		d. STREET ADDRESS (If rural, give location) <p align="center">1706 Brush Creek Parkway</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Daisy</p>		b. (Middle) <p align="center">Marie</p>	c. (Last) <p align="center">Philp</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">December 30, 1953</p>	
5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">Jan. 17 - 1878</p>		9. AGE (In years) (Months) (Days) <p align="center">75</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">HOME</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Ewing, Illinois</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>

13a. FATHER'S NAME <p align="center">Thomas Neal</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Matilda Webb</p>		14. NAME OF HUSBAND OR WIFE <p align="center">THOMAS NEAL PHILP</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">_____</p>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <p align="center">Mr. James N. Philp - 1706 Brush Creek Parkway R. 2, M. 2</p>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Carcinoma of ovary</p> ANTECEDENT CAUSE (b) _____ Morbid conditions, _____ DUE TO (b) _____ rise to the above cause _____ the underlying cause _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <p align="center">6 yrs</p>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 5-22, 1952, to 12-30, 1953, that I last saw the deceased alive on 12-19, 1953, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Martin J. Muller</p>		(Degree or title) <p align="center">M.D.</p>	23b. ADDRESS <p align="center">934 Angyle Bldg</p>	23c. DATE SIGNED <p align="center">12-31-53</p>
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24a. RURAL CREMATION (REMOVAL) (Specify) <p align="center">BURIAL</p>	24b. DATE <p align="center">DEC 31 1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">BENTON ILLINOIS</p>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <p align="center">12-31-53</p>	REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <p align="center">D.W. Newcomer and Sons 1931 Broadway Kansas City, Mo.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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 John B Lewis

Licensed Embalmer No. 4275

P. O. Address KS 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.