

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

41154

State File No. \_\_\_\_\_

5640

**FILED DEC 27 1954**

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>6 wks</u>	c. CITY OR TOWN <u>ADAIR</u>		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 <u>2540 HOLMES STREET</u>			STREET ADDRESS (If rural, give location) _____		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CYRUS</u> b. (Middle) <u>(NMJ)</u> c. (Last) <u>PHILLIPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 7, 1954</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 16, 1872</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ADAIR, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>THOMAS JEFFERSON PHILLIPS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY J. SCHUMAKER</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA PHILLIPS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. CARL PHILLIPS</u> ADDRESS <u>2540 HOLMES ST. KANSAS CITY, MISSOURI</u>			
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					<u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>					<u>years</u>
	DUE TO (c) _____					<u>4:01</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u>					<u>6 mos.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June, 1954, to Dec, 1954, that I last saw the deceased alive on 7:20 p.m., 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Sheldon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2501 Gillham Rd</u>		23c. DATE SIGNED <u>18 Dec 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC. 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>LA PLATA, MISSOURI</u>		
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DATE REC'D BY LOCAL REG. <u>12-8-54</u>		REGISTRAR'S SIGNATURE <u>Meva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.A. Newcome's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MISSOURI</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 1962

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 *Richard K. Rogers*.....

Licensed Embalmer No. *4953*.....

P. O. Address *W. L. M.*.....

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.