

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41157**  
**5984**

FILED JAN 12 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>71 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</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>6620 E 17th ST</u>				STREET ADDRESS (If rural, give location) <u>6620 E 17th ST 21 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phil</u>		b. (Middle) <u>W</u>		c. (Last) <u>Post</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 11, 1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery worker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLEAN New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Southworth</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Post</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>483-22-3858</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Post 6620 E 17th St</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Bladder</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>14 mo</u>	
19a. DATE OF OPERATION <u>16 Sept 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Bladder</u>				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 <u>9 Sept 1953</u> , to <u>29 Dec 1954</u> , that I last saw the deceased alive on <u>25 Dec 1954</u> and that death occurred at <u>6:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Carlson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1316 Professional Bldg</u>		23c. DATE SIGNED <u>29 Dec 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-29-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil FUNERAL Home J.C. MO</u>			

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 *Thomas A. Deil*.....

Licensed Embalmer No. *495*.....

P. O. Address *J. C. Mc*.....

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.