

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5019****470**

| | | | | | | | | |
|--|--|--|---|--|--|--|-------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 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) Life | | 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 St. Joseph's Hospital | | | | STREET ADDRESS (If rural, give location) 3228 2032 Quincy St. | | | | |
| 3. NAME OF DECEASED a. (First) BLANCHE b. (Middle) MARIE c. (Last) PHILIPPS | | | 4. DATE OF DEATH 1 31 55 | | 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 13, 1885 | | 9. AGE (in years last birthday) 69 | | IF UNDER 1 YEAR Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Patrick Cosgriff | | | 13b. MOTHER'S MAIDEN NAME Sarah Clark | | 14. NAME OF HUSBAND OR WIFE Phillipps Joseph Martin Phillipps | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillipps J. M. Phillipps-2032 Quincy St.-K.C., Mo. | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH 4 years ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic nephritis 442 X 6 months | | | | |
| 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) (Year) (Hour) (m.) | | 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>3-18, 1951</u> , to <u>1-31, 1955</u> , that I last saw the deceased alive on <u>1-31, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Richard W. Gunn Richard W. Gunn | | | | 23b. ADDRESS 400 6230 Tycar Rd. K.C. 26, Mo | | 23c. DATE SIGNED 2-1-55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/3/55 | | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| DATE REC'D BY LOCAL REG. 2-1-55 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-MoGilley-Eylar-Kansas City, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

Mr Richard
6230
13e 78
76-70
1 tel
of

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, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (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.