

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15855

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u> Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Johnson</u>		
b. CITY OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>3 hrs.</u>	c. CITY OR TOWN <u>Rural, LaMonte, Mo.</u>		<u>0-570</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>			d. STREET ADDRESS (If rural, give location) <u>Rural, R.R. No. 2, LaMonte, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip Vincent</u> b. (Middle) <u>Healy,</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1955</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>7-14-1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 100 HRS: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nell B. Healy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>One and Two</u>		16. SOCIAL SECURITY NO. <u>497-26-3597</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nell B. Healy, R.R. 2, LaMonte, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION</u> <u>Chest injury due to auto accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>@ 3 hrs</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) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway, F. Missouri</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R.R. Johnson County, Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-24-55 8 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>		
22. I hereby certify that I attended the deceased from <u>4-24-</u> 19 <u>55</u> , to <u>4-24-</u> 19 <u>55</u> , that I last saw the deceased alive on <u>4-24-</u> 19 <u>55</u> , and that death occurred at <u>8 P.M.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Typed or Printed) <u>W.P. Healy</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>4-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-28-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fl. Leavenworth, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Apr 27, 1955</u>		REGISTRAR'S SIGNATURE <u>Severnall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>	

RECEIVED  
MAY 3 1955  
JOHNSON COUNTY HEALTH DEPT.

MAY 24 1955

MAY 23 1955

**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 W.A. Brauning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.