

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29810

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4058

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|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</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 hospital) <u>45 days</u> | c. CITY OR TOWN <u>Kansas City</u> | d. Residence within limits of city or incorporated town? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2112 Elma</u> | | STREET ADDRESS (If rural, give location) <u>10 2112 Elma 31080</u> | |

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|--|----------------------------------|--|--------------------------------------|--------------------|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>JOSEPH</u> | b. (Middle) <u>(FIGLIA)</u> | c. (Last) <u>PHILLIPS</u> | (Month) <u>9</u> | (Day) <u>14</u> | (Year) <u>1955</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1-15-1870</u> | | 9. AGE (In years last birthday) <u>85</u> |

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Public Ser. Co.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Roberto Figlia</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances Maddi</u> | 14. NAME OF HUSBAND OR WIFE <u>Maria Phillips</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Phillips 2112 Elma</u> |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>6 MO</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</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. | | <u>4200</u> |

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| 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 MARCH 1955 to SEPT 14, 1955, that I last saw the deceased alive on SEPT 13, 1955, and that death occurred at 12:30 pm, from the causes and on the date stated above.

| | | | |
|--|-------------------|---------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>Edward P. Altman M.D.</u> | (Degree or title) | 23b. ADDRESS <u>1030 S Pacific</u> | 23c. DATE SIGNED <u>9-16-55</u> |
|--|-------------------|---------------------------------------|------------------------------------|

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|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>9/17/1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St Mary Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City mo</u> |
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| DATE REC'D BY LOCAL REG. <u>9-17-55</u> | REGISTRAR'S SIGNATURE <u>neva minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pasanturo Bros KC mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edward P. Altman

*D. Retamier
Proc & Sells*

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 *Leonard Passantino*
.....

Licensed Embalmer No. *455*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.