

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33296

State File No.

4653

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4653</u>	
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) 56 yrs.		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 2643 Montgall				e. STREET ADDRESS (If rural, give location) 37 2643 Montgall			
3. NAME OF DECEASED (Type or Print) PHILIP GEORGE			a. (First) HUGO			b. (Middle) _____	
c. (Last) _____			4. DATE OF DEATH Oct. 28, 1955		(Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 nd WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 20, 1859	
9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sheet Metal Worker Union Official				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) York, Pa.	
12. CITIZEN OF WHAT COUNTRY? US.A.				13a. FATHER'S NAME George Hugo			
13b. MOTHER'S MAIDEN NAME Katherine Mueller				14. NAME OF HUSBAND OR WIFE Mary Rose Hugo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clara T. Hugo		ADDRESS 2643 Montgall	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arteriosclerotic Cardiac Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 14 hrs 42 hrs	
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) (Min.) _____		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>July 10</u> , 19 <u>55</u> , to <u>Oct. 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 28</u> , 19 <u>55</u> , and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE H. A. Underwood (Degree or title) ^D M.D.				23b. ADDRESS 5100 E. 24th St		23c. DATE SIGNED 10/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-55		24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 10-29-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

HA UNDERWOOD
S100 E. 24th - R. 8818

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.....
John H. Bryan

Licensed Embalmer No.

P. O. Address

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.