

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

40969

5657

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		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 <b>V. A. HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>4014 JACKSON</b>			
3. NAME OF DECEASED (Type or Print) <b>Phillmer PHILMER</b>		b. (Middle) <b>CLAUDE</b>		c. (Last) <b>WHITWORTH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 23 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>6-24-1893</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>LUMBER YARD</b>		9. AGE (in years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months Days	
				11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>PHILMORE WHITWORTH</b>		13b. MOTHER'S MAIDEN NAME <b>MATTIE WEAR</b>		14. NAME OF HUSBAND OR WIFE <b>LULU WHITWORTH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>510-07-8317</b>		17. INFORMANT'S SIGNATURE OR NAME <b>OFFICIAL VA HOSPITAL RECORDS</b>			
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) <b>INANITION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MUSCULAR DYSTROPHY</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MULTIPLE DECUBITI</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>7441</b>	
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) <b>VA</b> 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>November 16, 1955</u> , to <u>December 23, 1955</u> ; that I last saw the deceased <u>at 1:35 P. M.</u> and that death occurred at <u>1:35 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>John V. Schmaus</i> (Degree or title) <b>D</b>				23b. ADDRESS <b>V.A. Hospital, KANSAS CITY, MISSOURI</b>		23c. DATE SIGNED <b>12-23-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-27-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-27-55</b>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.W. Newcomer</i> ADDRESS <b>1231 S. BASH CREEK, KANSAS CITY, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

John V. Schmaus

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 B Lewis*

Licensed Embalmer No. .... 48

P. O. Address.....  
K.C. Mo

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.