

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1956

State File No. **5260**
Registrar's No. **116**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

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 Independence		c. CITY OR TOWN Independence	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yrs		e. STREET ADDRESS (If rural, give location) 1523 E. Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) F. c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 1, 1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Parts Dept.		10b. KIND OF BUSINESS OR INDUSTRY Auto Agency	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Roy E. Phillips		13b. MOTHER'S MAIDEN NAME Nellie Smith		14. NAME OF HUSBAND OR WIFE Opal Marie Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486 07 8238		17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal Marie Phillips, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Angina Pectoris			INTERVAL BETWEEN ONSET AND DEATH Months Months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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 **Mar 14, 1956**, to **Mar 1, 1956**, that I last saw the deceased alive on **Mar 1, 1956**, and that death occurred at **5:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. T. Gradowski, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/56		24c. NAME OF CEMETERY OR CREMATORY Mc Grove Cem.	
24d. LOCATION (City, town, or county) (State) Independence, Mo.					

DATE REC'D BY LOCAL REG. 3-5-56		REGISTRAR'S SIGNATURE James [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Larson	
				ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Harold E. Keadel*

Licensed Embalmer No... *460*

P. O. Address *Indep.*

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.