FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10163

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Pettis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1206 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN: Parkville
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1206 Main 0830

3. NAME OF DECEASED (Type or Print)
a. (First): King
b. (Middle): Mitchell
c. (Last): Phillips

4. DATE OF DEATH (Month) Mar. (Day) 5 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 27-1901
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Presbeterian
11. BIRTHPLACE (City and State or Foreign Country): Postal Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: James E. Phillips
13b. MOTHER'S MAIDEN NAME: Nora Agnes King
14. NAME OF HUSBAND OR WIFE: Mable Boatright Philip

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mable Phillips — ADDRESS: Parkville

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 3 yrs
DUE TO (c) Generalized arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 30, 1956 *to* Mar 5, 1956 *that I last saw the deceased alive on* Mar 5, 1956, *and that death occurred at* 5.45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. C. Thurman MD
23b. ADDRESS: 11 E 1st Parkville, Mo.
23c. DATE SIGNED: 3-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 7-56
24c. NAME OF CEMETERY OR CREMATORY: Rich Park
24d. LOCATION (City, town, or county): Marshall (State): Mo

DATE REC'D BY LOCAL REG.: 5.7.56
REGISTRAR'S SIGNATURE: Ophia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis — ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1956

NOV 30 1956

JAN 12 1956

MAR 1956
RECEIVED
HAITE COUNTY
HEALTH DEPT
BY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, [redacted]....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leland G. Franc

Licensed Embalmer No. 34

P. O. Address Parke

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.