FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34174

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4266

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: QUEEN OF THE WORLD HOSPITAL — Length of stay in Hospital 60 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2021 MONTGALL — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First REUBEN Middle ***** Last PHILLIPS

4. DATE OF DEATH: Month SEPTEMBER Day 27 Year 1956

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: August 4, 1895 (1886)
9. AGE (In years last birthday): 70 yrs — 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): Porter
10b. KIND OF BUSINESS OR INDUSTRY: First Nat'l Bank
11. BIRTHPLACE (City and state or country): Dallas, Texas
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 495-05-1885
17. INFORMANT: MRS. ANNA PHILLIPS Address: 2021 MONTGALL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: about a month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): chronic glomerulonephritis — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): METASTASIS TO LIVER CARCINOMA OF THE TAIL OF THE PANCREAS WITH
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9-7-56, to 9-27-56 and last saw ~~her~~ him alive on 9-26-56
Death occurred at 1:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B. A. Lieberman MD (Degree or title)
22b. ADDRESS: 1002 Professional Bldg.
22c. DATE SIGNED: 10-1-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 4, 1956
23c. NAME OF CEMETERY OR CREMATORY: Highland
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS: WATKINS BROS. FN. HM. 18th & Benton
25. DATE RECD. BY LOCAL REG.: 10-1-56
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. A. Lieberman Jr., M.D. can be by cpl 1-2-57

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 43

P. O. Address 18th Be

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.