

FILED MAR 26 1957

STANDARD CERTIFICATE OF DEATH

8855
STATE FILE NUMBER
1093

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1093

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7800 main St</u>				Length of stay in <u>4.5 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>7800 main St</u>	
3. NAME OF DECEASED (Type or print) <u>Mr Leo J Phillips</u>				4. DATE OF DEATH <u>March 7-1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-18-1891</u>	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months - Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired operator Street Railway</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Street Railway</u>		11. BIRTHPLACE (City and state or country) <u>Reid Mississippi</u>	
13. FATHER'S NAME <u>Thomas J Phillips</u>				14. MOTHER'S MAIDEN NAME <u>Mary Lantrip</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mary Phillips</u> Address <u>7800 main St</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage, pulmonary</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Metastatic Malignant pulmonary</u> <u>3 months</u>	
						DUE TO (c) <u>Carcinoma of colon</u> <u>153 1/2 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>June 11 1956</u> , to <u>3-7-57</u> and last saw <u>him</u> alive on <u>3-7-57</u> Death occurred at <u>1230 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles S Cooper</u> (Degree or title) <u>D</u>				22b. ADDRESS <u>Rialto Bldg Room 1226</u>		22c. DATE SIGNED <u>3-8-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3-9-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		23d. LOCATION (City, town, or county) (State) <u>Jackson Co MO</u>	
24. FUNERAL DIRECTOR <u>France-Wornall Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>3-8-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

J.C.MO. (Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

BA 1 2-032

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 *Russell N. Lee*.....

Licensed Embalmer No. *4*.....

P. O. Address *KC*.....

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.