13341

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1898

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

Health, & Welfare Public Service

. 300 0

1-57

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, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Kansas City 3518 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Down Town Hosp. — Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 3707 Walnut — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: FRANK	Middle: Geis	Last: PHIPPS	4. DATE OF DEATH Month: April Day: 20 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Nov. 1, 1897	9. AGE (In years last birthday): 59 — 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): Checker (Dock)	10b. KIND OF BUSINESS OR INDUSTRY: Meat Processing	11. BIRTHPLACE (City and state or country): Freedam, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: ~~unknown~~ John Phipps	13b. MOTHER'S MAIDEN NAME: ~~unknown~~ Laura Sturz	14. NAME OF HUSBAND OR WIFE: Viola Phipps		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 510-05-5369	17. INFORMANT: Viola Phipps	Address: 3707 Walnut K.C. Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral ~~arteriosclerotic heart disease~~ Arteriosclerosis	-
DUE TO (c)		332 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 2-17-54, to 4-20-57 and last saw ~~her~~ him alive on 4-20-57

Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. J. Cutcliff (Degree or title) MD.	22b. ADDRESS: 1222 McGee	22c. DATE SIGNED: 4-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4-23-1957	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Mo		
24. FUNERAL DIRECTOR ADDRESS: C. H. Blackman & Son Inc. K.C. Mo.	25. DATE RECD. BY LOCAL REG.: 4-22-57	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

D. J. Cutcliff

Dr. Cutcliff
1222 McGee
after - 1:00 PM.

KP 2

KP 2

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 W. C. Rinne

Licensed Embalmer No. 4879

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

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.