

with, welfare, public service

FILED JUN 28 1957

STANDARD CERTIFICATE OF DEATH

1957 021278 STATE FILE NUMBER 2721

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

1. PLACE OF DEATH: a. COUNTY Jackson; b. CITY Kansas City; c. FULL NAME OF (If NOT in hospital, give location) Gen'l Hosp. #1; 2. USUAL RESIDENCE: a. STATE Missouri; b. COUNTY Jackson; c. CITY OR TOWN Kansas City; d. STREET ADDRESS 301 1/2 W. 9; 3. NAME OF DECEASED: First Riley, Middle J., Last Phillips; 4. DATE OF DEATH: Month 6, Day 9, Year 1957; 5. SEX Male; 6. COLOR OR RACE white; 7. MARRIED NEVER MARRIED; 8. DATE OF BIRTH 6-2-1882; 9. AGE 75; 10a. USUAL OCCUPATION Cook; 10b. KIND OF BUSINESS OR INDUSTRY Prisoner; 11. BIRTHPLACE Mt Vernon Mo; 12. CITIZEN OF WHAT COUNTRY? U.S.A.; 13a. FATHER'S NAME unknown; 13b. MOTHER'S MAIDEN NAME unknown; 14. NAME OF HUSBAND OR WIFE none; 15. WAS DECEASED EVER IN U. S. ARMED FORCES? no; 16. SOCIAL SECURITY NO. none; 17. INFORMANT Gladys Holler 315 W. 9th; 18. CAUSE OF DEATH: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastrointestinal hemorrhage probably; DUE TO (b) Peptic ulcer; DUE TO (c); PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH; 19. WAS AUTOPSY PERFORMED? YES NO XX; 20a. ACCIDENT SUICIDE HOMICIDE; 20b. DESCRIBE HOW INJURY OCCURRED; 20c. TIME OF INJURY; 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK; 20e. PLACE OF INJURY; 20f. CITY, TOWN, OR LOCATION; 21. I attended the deceased from June 8, 1957 to June 9, 1957 and last saw him alive on June 9, 1957; 22a. SIGNATURE; 22b. ADDRESS; 22c. DATE SIGNED; 23a. BURIAL, CREMATION, REMOVAL; 23b. DATE; 23c. NAME OF CEMETERY OR CREMATORY; 23d. LOCATION; 24. FUNERAL DIRECTOR; 25. DATE RECD. BY LOCAL REG.; 26. REGISTRAR'S SIGNATURE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION B. I. BURTIS

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

*B. E. Weiland*

Licensed Embalmer No. *4075*  
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.