URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=015763

STATE FILE NUMBER

FILED VS MAY 11 1960

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Independence Sanitarium — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Leeton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Not listed — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jessie Middle: Mae Last: Phillips

4. DATE OF DEATH: Month: April Day: 12 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-9-1876
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Johnson County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lewis Phillips
13b. MOTHER'S MAIDEN NAME: Mildred Douglas
14. NAME OF HUSBAND OR WIFE: Never married

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.: None
17. INFORMANT: Porter Baker Address: Leeton 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)	Congestive Heart Failure	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Atherosclerotic Cardiovascular Disease	years
DUE TO (c)	Phlebitis (right lower extremity involved)	2 weeks

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 March 20, 1960 to April 12, 1960 and last saw her/him alive on 4/12/60
Death occurred at 9:40 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Conrad Thomas (Degree or title) MD
22b. ADDRESS: Independence, Mo
22c. DATE SIGNED: 4/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-15-1960
23c. NAME OF CEMETERY OR CREMATORY: Greer Cemetery
23d. LOCATION (City, town, or county) (State): Johnson County, Mo

24. FUNERAL DIRECTOR: Sweeney-Phillips Funeral Service ADDRESS: Warrensburg, Missouri
25. DATE RECD. BY LOCAL REG.: 4-15-60
26. REGISTRAR'S SIGNATURE: James A. Bailey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Morris D Bailey
Signature of Student Embalmer

Licensed Embalmer No. 4887

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.