

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034968

FILED VS OCT 14 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4987 STATE FILE NUMBER

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> COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>35 YRS</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3310 HOLMES ST</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Robena</u> Middle <u>H</u> Last <u>Phillips</u>	4. DATE OF DEATH Month <u>October</u> Day <u>2</u> Year <u>1960</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 18, 1902</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Goodwill Industries</u>	11. BIRTHPLACE (City and state or country) <u>Ashland, Kentucky U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <u>John C. Howell</u>	13b. MOTHER'S MAIDEN NAME <u>unknown Hamlin</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-16-3557</u>	17. INDEMNITY Address <u>Robert E. Phillips Indep. Mo.</u>
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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) <u>Pulmonary Edema</u>		
DUE TO (b) <u>Partial Intestinal Obstruction</u>		
DUE TO (c) <u>Thrombosis of the Mesenteric Vein</u>	<u>18 Days</u>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>10:00</u> a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <u>September 17, '60</u> to <u>Oct. 2, '60</u> and last saw her/him alive on <u>October 2, 1960</u> Death occurred at <u>10:00 o'clock A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Lyle W. Cook, M.D.</u>	22b. ADDRESS <u>926 E. 11th, K.C. 6, Mo.</u>	22c. DATE SIGNED <u>10-3-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Oct 5, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	23d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>ROLAND R. SPEAKS INDEP. MO.</u>	25. DATE RECD. BY LOCAL REG. <u>10-4-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION Lyle W. Cook

NOV 6 1961

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Handwritten signature

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 _____
Signature of Student Embalmer

Signed *Rollie Fessel*

Licensed Embalmer No. 4690

P. O. Address Indep. W.

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.