

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-046277

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6013 STATE FILE NUMBER

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		Length of stay in 1b 23 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6737 MCGEE STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH S. PHILLIPS				4. DATE OF DEATH Month Day Year NOVEMBER 28 1960					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9/29/1885	9. AGE (last birthday) 75	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) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) NEW CARLISLE, INDIANA		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME GEORGE SERVICE			13b. MOTHER'S MAIDEN NAME MARY JANE HEWS			14. NAME OF HUSBAND OR WIFE LEE PHILLIPS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT GILBERT H. CLEVIDENCE KANSAS CITY, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corpestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclenotic Heart Disease DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 3 wks		
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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.)							
20c. TIME OF INJURY Hour Month, Day, Year 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 Nov. 2, 1960 to Nov. 28, '60 and last saw her ^{her} _{him} live on Nov. 27, 1960 Death occurred at 5:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John B. Justus M.D. (Degree or title)				22b. ADDRESS 4620 Nichols Pkwy K.C., Mo.				22c. DATE SIGNED 11-29-60	
23a. BURIAL (CREMATION, REMOVAL (Specify) REMOVAL)		23b. DATE DEC. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY PATTON CEMETERY		23d. LOCATION (City, town, or county) LaPORTE		STATE INDIANA		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS			25. DATE RECD. BY LOCAL REG. 11-30-60		26. REGISTRAR'S SIGNATURE H. D. Sawyer				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF John B. Justus

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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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address R. C. M.

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