

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001582

FILED VS FEB 14 1961 49

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 473

STATE FILE NUMBER

WRITE TUB AMENDED  
 DATE AMENDED 2-8-61  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF Meyer  
 ITEM NO. SHOULD READ  
 13b Johanna F. Blume  
 BY AFFIDAVIT OF Informant  
 C. Kealhofer MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>46 Yrs</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6744 So. Benton</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLEY</b> Middle <b>MARY</b> Last <b>PHILLIPPE</b>			4. DATE OF DEATH Month <b>1</b> Day <b>27</b> Year <b>1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1 17 92</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S.W. Bell Tele.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>
13a. FATHER'S NAME <b>George Nicholas Mueller</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna F. Blume Meyer</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Warren Sr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>X X X X</b>		17. INFORMANT <b>Ernest Warren Phillippe Sr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>a cute cor pulmonale</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bronchial Asthma</b>					<b>10 yrs</b>
DUE TO (c) <b>arteriosclerotic heart disease</b>					
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 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
21. I attended the deceased from <b>1-25-61</b> to <b>1-27-61</b> and last saw her/him alive on <b>1-27-61</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>C. Kealhofer M.D.</b>			22b. ADDRESS <b>6627 Prospect Row</b>		22c. DATE SIGNED <b>1-28-61</b>
23a. BURIAL, CREMATION, or other disposition (Specify)	23b. DATE <b>1-30-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills K.C. Mo</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Floral Hills Memorial Chapels, Inc</b>			25. DATE RECD. BY LOCAL REG. <b>1-28-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

**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 John R. Didmon  
Licensed Embalmer No. 4531  
P. O. Address Kansas City

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.