

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050861

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7189 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2038
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

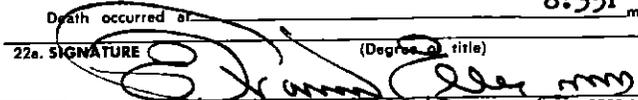
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF FRANK BILLS MEDICAL CERTIFICATION

FILED JAN 17 1964	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) MISSOURI COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 912 INDEPENDENCE	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First Clarence	Middle Phillips
Last Phillips	
4. DATE OF DEATH December 27, 1963	
5. SEX Male	6. COLOR OR RACE Negro
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APP. 60
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DO NOT KNOW	9b. KIND OF BUSINESS OR INDUSTRY —
10. BIRTHPLACE (City and state or country) UNKNOWN	11. CITIZEN OF WHAT COUNTRY U.S.A
12a. FATHER'S NAME UNKNOWN	12b. MOTHER'S MAIDEN NAME UNKNOWN
13. NAME OF HUSBAND OR WIFE —	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	
15. SOCIAL SECURITY NO. UNKNOWN	
16. INFORMANT GEN. HOSP. RECORDS, K.C., MO.	
17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Electrolyte imbalance etiology unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) _____	
DUE TO (c) _____	
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 checked="" 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 12-26-63 to 12-27-63 and last saw her alive on 12-27-63 Death occurred at 8:35P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 	(Degree or title)
22b. ADDRESS 2400 Cherry	22c. DATE SIGNED 12-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) ANATOMICAL	23b. DATE 1-3-64
23c. NAME OF CEMETERY OR CREMATORY W. OF MO. A.T. K.C.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR A.M. HUDSON, K.C., MO.	25. DATE RECD. BY LOCAL REG. 1-3-64
26. REGISTRAR'S SIGNATURE Bessie Smith	

USE BLACK INK OR TYPEWRITER RIBBON

128000

STATE OF MISSOURI

8208

2002

21-0

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 Millard B Pasfiro

Licensed Embalmer No. 5813

P. O. Address KC 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.