

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24223

State File No. _____

Registration District No. 182

Primary Registration District No. 5686

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Rural
 (c) Name of hospital or institution Linn Co Sanitarium 5
 (d) Length of stay: In hospital or institution 12 years
 In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn 58
 (c) City or town Brookfield, Mo
 (d) Street No. _____
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DAN PHELPS
 (b) If veteran, name war X X
 (c) Social Security No. X X

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20 1870
 8. AGE: Years 75 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co Illinois

10. Usual occupation Retired

11. Industry or business _____
 12. Name unknown
 13. Birthplace unknown unknown
 14. Maiden name unknown
 15. Birthplace unknown unknown

16. (a) Informant Don Turner, Dist. Co. Inf
 (b) Address Annua, Mo

17. (a) Removal (b) Date thereof 6/15/46
 (c) Place: burial or cremation Keokuk, Mo

18. (a) Signature of funeral director Thomas Leutler
 (b) Address Annua, Mo
 19. (a) June 29 1946 (b) Mrs. Bridie Kelley

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 15th
 year 1946 hour 10 minute 00 A.M.
 21. I hereby certify that I attended the deceased from March 1938 to June 13, 1946
 that I last saw him alive on June 13, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to Coronary Arteriosclerosis
 Due to _____

Other conditions Arteriosclerosis of Right & Left
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy 94

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
 (Specify type of place) _____
 (Specify means of injury) _____
 23. Signature Boyd Haley
 Address Brookfield, Mo Date signed 6/20/46

Duration

1 wk. of year

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

165

181

20 x 20

182

0-11

Barrett

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.....

Had not embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Darr A. Taylor

Licensed Embalmer No. *3761*

P. O. Address *Lincoln, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

1991-PS 2008

Registration District No. 182

Primary Registration District No. 5686

1. PLACE OF DEATH:

(a) County Sumner
(b) City or town Amal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Stan Phelps

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 20 (Month) 1946 (Year)

8. AGE: Years 75 Months 11 Days 23 (If less than one day, hr. min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 20-46 (Date received local registrar) Ms Bide K... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Year 1946 Day 20 minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; at last saw him/her _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

24223