

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19101

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 98	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, write RURAL and give township) Washington		a. STATE Missouri		b. COUNTY Gasconade	
c. LENGTH OF STAY (In this place) 5 day		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Rural Clay Twp.		d. STREET ADDRESS (If rural, give location) Bland Route 1	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) James		b. (Middle) Lycurges		c. (Last) Sterling Phelps		d. (Month) (Day) (Year) June 12, 1949	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 7, 1878		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Cooper Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Phelps		13b. MOTHER'S MAIDEN NAME Francis Branson		14. NAME OF HUSBAND OR WIFE Jessie Miller Phelps			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ***		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Phelps Bland, Mo. R1			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated gall bladder			1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Euxyema of gall bladder			5 days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)			386x
19a. DATE OF OPERATION 6-12-49		19b. MAJOR FINDINGS OF OPERATION Perforated gall bladder & cholelithiasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-10, 1949, to 6-12, 1949, that I last saw the deceased alive on 6-12, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Percy Brannon, M.D.				23b. ADDRESS Gainesville, Mo.		23c. DATE SIGNED 6-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-1949		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Belle, Mo.	
DATE REC'D BY LOCAL REG. June 14, 1949		REGISTRAR'S SIGNATURE 990		25. FUNERAL DIRECTOR'S SIGNATURE Melford N. N. Winter		ADDRESS OWENSURKE MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

D. 300

D. 48

6
2

Date Filed JUN 21 1949
District File Number

District Health Officer No. 8

RECEIVED

JUN 21 1949

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 _____ mo

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Malcolm N. N. White*

Licensed Embalmer No. 3838

P. O. Address Owensville, 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 this body is not embalmed, fact should be so stated above.