

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23853

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2041</u>		Registrar's No. <u>312</u>	
1. PLACE OF DEATH a. COUNTY <u>Casper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. <u>Kansas</u> <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Joplin</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Galena</u>		14	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u>				d. STREET ADDRESS <u>Rural #3 Galena</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Zelpha</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Phipps</u>		July 11 1949	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-8-1880</u>	
9. AGE (In years, months, days)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
69		10a. <u>House Wife</u>		11. <u>Urbana Mo.</u>		85	
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		13a. FATHER'S NAME <u>Elijah E White</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Lyon</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Phipps</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. C W Olsen</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>					
		DUE TO (c) <u>Hypertension</u>				151X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>May, 1947</u> , to <u>11 July, 1949</u> ; that I last saw the deceased alive on <u>11 July, 1949</u> , and that death occurred at <u>11:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L Powell M.D.</u>				23b. ADDRESS <u>Galena, Kansas</u>		23c. DATE SIGNED <u>12 July 49</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Removed</u>		24b. DATE <u>July 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Galena Kans</u>	
DATE REC'D BY LOCAL REG. <u>7-12-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William E Robert</u> ADDRESS <u>Galena Kans</u>			

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

RECEIVED 7-27-49

Jasper County Health Office

County File Number 49-7-572

Date Filed 7-28-49

7-28-49

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.

Signed Leail a. Thornhill

Signed _____
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Joplin, Missouri

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.