

FILED APR 5 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 7491

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 27		
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonds Home for The Aged.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)		a. (First) Richard		b. (Middle)		c. (Last) Phelps		
4. DATE OF DEATH		(Month) 3		(Day) 28		(Year) 51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/23/1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Lizzie Phelps				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John M Bond ADDRESS Lutesville				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac De-compensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12 , 19 51 , to 3/28/51 , 19 51 , that I last saw the deceased alive on 3/25 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John J. Myers MD				23b. ADDRESS W 20 Lutesville Mo		23c. DATE SIGNED 4/3/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/51		24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem. Park		24d. LOCATION (City, town, or county) (State) Bollinger		
DATE REC'D BY LOCAL REG. Apr. 3 1951		REGISTRAR'S SIGNATURE Willie Van Amburg		25. FUNERAL DIRECTOR'S SIGNATURE Ray Shethy		ADDRESS Lutesville Mo.		

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

RECEIVED

APR 4 1951

DISTRICT HEALTH OFFICE No. 6

File No.

not Embalmed

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.