S. No. 500
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42280

FILED JAN 11 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 417

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 214 S. 6th

3. NAME OF DECEASED (Type or Print)
a. (First): Dan
b. (Middle): W.
c. (Last): Phelan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27. 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 11. 1863
9. AGE (In years last birthday): 88 — If under 1 year: Months 2, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hannibal MO
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Owen Phelan
13b. MOTHER'S MAIDEN NAME: Mary Doyle
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Margaret Phelan 214 S 6th
ADDRESS: Hannibal Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility - Exhaustion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 794X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-10-, 1951, *to* 12-17, 1951, *that I last saw the deceased alive on* 12-16-, 1951, *and that death occurred at* 2:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W P Kinney
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 1-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-51
24c. NAME OF CEMETERY OR CREMATORY: Barkley Cemetery
24d. LOCATION (City, town, or county) (State): New London MO

DATE REC'D BY LOCAL REG.: 1-7-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 189
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 6 1952
MO. HEALTH DEPT
DATE FILED JAN 9 1952

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.