No. 300
10-48

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1954

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 9

592
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 615 Waples

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe Mo
d. STREET ADDRESS (If rural, give location) 615 Waples 0592

3. NAME OF DECEASED (Type or Print) a. (First) Alberta b. (Middle) Rebecca c. (Last) Phelps

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 52

5. SEX F 3
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow V
8. DATE OF BIRTH Aug 23-1871
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME George Hillman
13b. MOTHER'S MAIDEN NAME Melissa Graham
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) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Myrtle Sawyer ADDRESS Chillicothe 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) Cancer of Rectum — INTERVAL BETWEEN ONSET AND DEATH 30 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 154X
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* Jan. 1, 1948, *to* Jan 8, 1952, *that I last saw the deceased alive on* Jan. 1, 1952, *and that death occurred at* 7 30/A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.
23b. ADDRESS Chillicothe, Mo
23c. DATE SIGNED Jan. 9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-11-52
24c. NAME OF CEMETERY OR CREMATORY West Lawn
24d. LOCATION (City, town, or county) (State) Kansas City Kan

DATE REC'D BY LOCAL REG. 1-9-52
REGISTRAR'S SIGNATURE Frances B. Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE E Beckett 3rd ADDRESS Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.