S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19869

State File No. .....

FILED JUL 8 1952

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 56

0251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 608 West 4th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron 0251 0
d. STREET ADDRESS (If rural, give location): 215½ East 3th

3. NAME OF DECEASED (Type or Print)
a. (First): Nola
b. (Middle): forest
c. (Last): Phelps

4. DATE OF DEATH (Month) (Day) (Year): June 30 52

5. SEX: f 1
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 22 1892
9. AGE (In years last birthday): 59 — 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): factory
10b. KIND OF BUSINESS OR INDUSTRY: Price work factory work
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Miles Whitaker
13b. MOTHER'S MAIDEN NAME: Nannie Wood
14. NAME OF HUSBAND OR WIFE: Berdine Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: 495-01-4832
17. INFORMANT'S SIGNATURE OR NAME: Mrs Quincy Kemper — ADDRESS: Cameron

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): Carcinoma Cosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca. of gall bladder
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: 155 X
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* 7-1, 1947, *to* 6-30-, 1952 *that I last saw the deceased alive on* 6-30-52 19__, *and that death occurred at* 11:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Cameron MO
23c. DATE SIGNED: 7-2-82

24a. BURIAL, CREMATION, REMOVAL (Specify): 0
24b. DATE: 7-2-52
24c. NAME OF CEMETERY OR CREMATORY: Graceland
24d. LOCATION (City, town, or county): Cameron (State): MO

DATE REC'D BY LOCAL REG.: 7-5-52
REGISTRAR'S SIGNATURE: Winifred W. Moser 390-2
25. FUNERAL DIRECTOR'S SIGNATURE: Boland Funeral Home — ADDRESS: Cameron MO

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1952

AUG 10 1953

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 Robert L Poland

Licensed Embalmer No. 4777

P. O. Address 222 west 3th st. Common 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.