

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20204**

S. No. 300
V. 10.48

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5154 Registrar's No. 568

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1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Pond Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pond Creek, Republic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Mi. S. W. Jotendown Store</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	

3. NAME OF DECEASED (Type or Print) <u>William Phelps Jr.</u>	a. (First) <u>William</u>	b. (Middle) _____	c. (Last) <u>Phelps Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1913</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>William Phelps</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Clayton</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Phelps</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Phelps</u> ADDRESS <u>Aurora, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from did not attend while living, 1952, to 1952, that I last saw the deceased alive on 6-11-52 and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl Leidinger Jr. M.D.</u>	23b. ADDRESS <u>Republic, Mo.</u>	23c. DATE SIGNED <u>6-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Halltown</u>	24d. LOCATION (City, town, or county) (State) <u>Halltown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-12-52</u>	REGISTRAR'S SIGNATURE <u>Edith Wilkman Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Foyatt</u> ADDRESS <u>Republic, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1962

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

John Mc Nabb

Licensed Embalmer No. 1635

P. O. Address Republic, 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.