

STANDARD CERTIFICATE OF DEATH

24793

State File No. _____

No. 300
10. 48

FILED JUL 18 1952

3369 Registrar's No. 282

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>282</u>		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BROOKING TOWN			c. LENGTH OF STAY (In this place) 4 YR.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BROOKING TOWNSHIP			0451	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8901 EAST 87TH.				d. STREET ADDRESS (If rural, give location) 8901 EAST 87TH.						
3. NAME OF DECEASED (Type or Print) CLARA			a. (First)		b. (Middle) MAY		c. (Last) PHELPS		4. DATE OF DEATH (Month) (Day) (Year) JULY 4 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 10 FEB. 1865		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days 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 X X		11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, ILL. 1			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE WILLIAM H. PHELPS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X			16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LORENE MARTIN 8901 E. 87TH K.C.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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Transition Senility Morbidity 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. Long standing separation 2 yrs					INTERVAL BETWEEN ONSET AND DEATH 1 mo 10 da 14 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
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 <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 Jan 1, 1950 to July 4, 1952 that I last saw the deceased alive on July 1, 1952 and that death occurred at 11:45 P.M. from the cause and on the date stated above.										
23a. SIGNATURE J. J. Johnson					23b. ADDRESS Mo. 1-4-52			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5 JULY 1952		24c. NAME OF CEMETERY OR CREMATORY unknown			24d. LOCATION (City, town, or county) (State) BLACKWELL, OKLA.			
DATE REC'D BY LOCAL REG. 7-5-52		REGISTRAR'S SIGNATURE James O. [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C.					

(Licensed Embalmers' Statement on Reverse Side)

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

480

APR 9 1957

MAY 4 1960

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

Lloyd C. McCord

Licensed Embalmer No. 4853

P. O. Address K. C. 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.