

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36007

0883
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AUGUST 21 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville	
c. LENGTH OF STAY (in this place) 9-Days		d. STREET ADDRESS (If rural, give location) 200-North St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc. Cormick, Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Susie c. (Last) Phelps			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14th 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 2nd, 1888		9. AGE (In years) (Months) (Days) 64 9 12		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work conducting most of regular life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) Keytesville, Mo.	

13a. FATHER'S NAME Martin Daniel Cox		13b. MOTHER'S MAIDEN NAME Minnie Lynch		14. NAME OF HUSBAND OR WIFE Lindell Phelps	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Cox, Keytesville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral hemorrhage			9 days
		DUE TO (c) essential hypertension			3 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. wet gangrene of lower extremities			7 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (Min.)		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 10/7, 1952, to 10/14, 1952, that I last saw the deceased alive on 10/14, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>St. Leonard Carter</i> (Degree or title) Do.		23b. ADDRESS Keytesville, Mo.		23c. DATE SIGNED 10/16/52	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		24b. DATE Oct. 16th, 1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Keytesville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keytesville, Mo.			
DATE REC'D BY LOCAL REG. 10-16-52		REGISTRAR'S SIGNATURE <i>Coath...</i>			

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

MAY 17 1952

OCT 28 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 _____

H. D. Garnett

Licensed Embalmer No. _____

3046

P. O. Address _____

Hayterville 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.