No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39135

FILED DEC 1 1952

State File No. ____

BIRTH NO. ____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 503

1495 0

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOPLIN GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: OKLAHOMA
b. COUNTY: DELEWARE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GROVE
d. STREET ADDRESS (If rural, give location): MONKEY ISLAND

8350
8

3. NAME OF DECEASED (Type or Print)
a. (First): VOLL
b. (Middle): MEMPHIS
c. (Last): PHELPS

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 10 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 25 1887
9. AGE (In years last birthday): 65 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: LAND OWNER
11. BIRTHPLACE (City and State or Foreign Country): PAPENSVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM RODNEY PHELPS
13b. MOTHER'S MAIDEN NAME: RACHEL E. ERWIN
14. NAME OF HUSBAND OR WIFE: ARL PHELPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ARL PHELPS GROVE, OKLAHOME

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) Acute medullary and circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 3-4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxemia and peritonitis — 2+ hours
DUE TO (c) Massive mesenteric thrombosis of entire small intestine — 2+ hours

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: Massive mesenteric thrombosis due to arteriosclerosis
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? 5702

22. *I hereby certify that I attended the deceased from* 11/10, 1952, *to* 11/10, 1952, *that I last saw the deceased alive on* 11/10, 1952, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], D.O.
23b. ADDRESS: 521 West 4th Joplin
23c. DATE SIGNED: 11/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-10-52
24c. NAME OF CEMETERY OR CREMATORY: RALSTON CEMETERY
24d. LOCATION (City, town, or county) (State): DELEWARE COUNTY, OKLAHOMA

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Ed S. James 38 by Delores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: WORLEY FUNERAL HOME GROVE, OKLA.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-28-52
Jasper County Health Office
County File Number 52/11/915
Date Filed 11-28-52

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.