

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1952

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>365</u> | | PRIMARY REG. DIST. NO. <u>6238</u> | | Registrar's No. <u>10</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Belgrade</u> | | c. LENGTH OF STAY (In this place) <u>2 1/2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Belgrade</u> | | d. STREET ADDRESS (If rural, give location) <u>Near Belgrade</u> <u>1100</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Belgrade mo.</u> | | 3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Hatten</u> c. (Last) <u>Phelps</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 52</u> | | | |
| 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>Sept. 23-1880</u> | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Loel Phelps</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Carter</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emma Phelps</u> | |
| 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. — | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lela Elliott Peters mo.</u> | | | |
| 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) <u>Bronchogenic carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primarily in prostate</u> DUE TO (c) <u>X Cervical nodes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>177X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. L. Wilson, D.C.</u> | | | | 23b. ADDRESS <u>Potosis, Mo.</u> | | 23c. DATE SIGNED <u>11/17/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-19-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Caladonia M.E. Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>11 24 52</u> | | REGISTRAR'S SIGNATURE <u>Ella V. White</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Luther Sparks Potosi Mo</u> | | | |

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

1100
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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 Murphy L Spahr

Licensed Embalmer No. 4236

P. O. Address Flat River

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.