

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44429

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (in this place) <u>8 yrs</u>	c. CITY OR TOWN <u>West Plains 0461</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>1012 Maple 0</u>	
3. NAME OF DECEASED (Type or Print) <u>Barbara J Phelps</u>		a. (First)	b. (Middle)
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>
8. DATE OF BIRTH <u>7-27-1881</u>		9. AGE (In years last birthday) <u>71</u>	10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>25</u> IF UNDER 1 HR. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Galla, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Richard</u>	
13b. MOTHER'S MAIDEN NAME <u>Wm Phelps</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J Phelps, West Plains Mo</u>		18. ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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) <u>(Pt found dead in bed)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Beatrice Cook</u>		23b. ADDRESS <u>Howell Co West Plains Mo</u>	
23c. DATE SIGNED <u>5 Jan 53</u>		23d. NAME OF CEMETERY OR CREMATORY _____	
24a. BURIAL CREMATION, REASON (Specify) _____		24b. DATE <u>1/26-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook 379</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 13 1932

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 W. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.