

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14431**  
Registrar's No. **2186**

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>2186</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Michigan</b> b. COUNTY <b>Wayne</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>Detroit</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bennett Manor Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>3400 Erie Ave. d. 8210</b>			
3. NAME OF DECEASED (Type or Print) <b>Caroline Phelps</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>Phelps</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 25 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Dec. 15, 1864</b>	
9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cincinnati, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>William H. Phelps</b>			13b. MOTHER'S MAIDEN NAME <b>Matilda Knich</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hazel Dimmitt 3400 Erie Ave. Detroit Mich.</b>			
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) <b>Generalized Atherosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>?</b>  ANTECEDENT CAUSES 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. <b>4500</b>			
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) 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 <b>January 1952</b> to <b>April 25, 1953</b> , that I last saw the deceased alive on <b>April 24, 1953</b> , and that death occurred at <b>8:02 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. W. Dodson</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1010 Professional Bldg.</b>		23c. DATE SIGNED <b>April 26, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>April 26, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Spring Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Cincinnati Ohio</b>	
DATE REC'D BY LOCAL REG. <b>4-26-53</b>		REGISTRAR'S SIGNATURE <b>Eveline Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Newcomer Sons Kansas City Mo</b>			

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

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 Chester K. Brown, Student Embalmer No. 476 working under my personal supervision..

Student Chester K. Brown  
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 445

P. O. Address K.C. 4

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.