

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21245**

BIRTH NO. _____		REG. DIST. NO. 1114		PRIMARY REG. DIST. NO. 5447		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, write RURAL and give town or RURAL (City Township) CLAY Township)			c. LENGTH OF STAY (If in place) 9 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLAND			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME OF A SON				d. STREET ADDRESS (If rural, give location) 0310			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle) ROBERT		c. (Last) PHE LPS		4. DATE OF DEATH (Month) (Day) (Year) May 18 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 8 - 1872		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN PHELPS			13b. MOTHER'S MAIDEN NAME FANNIE BRANSON		14. NAME OF HUSBAND OR WIFE Ellen Hassler (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If you, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Chloe Woody, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypostatic congestion INTERVAL BETWEEN ONSET AND DEATH 2 wks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) 2 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 no 794X				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) ✓		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 5-11-53 to 5-18-53 that I last saw the deceased alive on 5-11-53 and that death occurred at 1:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. D. Bunge M.D.				23b. ADDRESS Bland Mo		23c. DATE SIGNED 5-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/20/53	24c. NAME OF CEMETERY OR CREMATORY College Hill Cemetery		24d. LOCATION (City, town, or county) (State) Osage County, Missouri		
DATE REC'D BY LOCAL REG. UN 22 1953		REGISTRAR'S SIGNATURE [Signature]		25. FEDERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chetan Dasam

Licensed Embalmer No. 4128

P. O. Address

Bland, 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.