

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36779

State File No.

FILED NOV 12 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) 5 Mos		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarlands Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) W.	c. (Last) PHELPS	4. DATE OF DEATH (Month) (Day) (Year) Nov 3rd 53
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 26th 1885	9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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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 (State or foreign country) Osage County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
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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. 522-32-3450	17. INFORMANT'S SIGNATURE OR NAME Roy Phelps (Son) ADDRESS Belle, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symptomatic leg		
	ANTECEDENT CAUSES Morbid 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. Sensitivity, arteriosclerosis and varicose ulcers			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4501	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Rolla Osage Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-24, 1953, to 11-3, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Fend in P.	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 11-6-53
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Nov 6th 53	24c. NAME OF CEMETERY OR CREMATORY Hayers Cemetery	24d. LOCATION (City, town, or county) (State) Osage County, Mo.
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DATE REC'D BY LOCAL REG. Nov. 6, 1953	REGISTRAR'S SIGNATURE Dadina L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. ... ADDRESS 3850 Main St. Belle Mo
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chester J. ...

Licensed Embalmer No.

4178

P. O. Address

Blond-m

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.