

0610

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

FILED DEC 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43593**
Registrar's No. **128**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5740**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Marceline Lingo	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield,	1120
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	1

3. NAME OF DECEASED (Type or Print) a. (First) Vernon Phelps b. (Middle) Comstock c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 8, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR 9 Months 6 Days	IF UNDER 24 HRS. 6 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer	10b. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (City and State or Foreign Country) Straford, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Comstock	13b. MOTHER'S MAIDEN NAME Elizabeth Simpson	14. NAME OF HUSBAND OR WIFE Nancy Jane Barnes, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 500-09-7973	17. INFORMANT'S SIGNATURE OR NAME Leslie Frazier, ADDRESS Marceline, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c)		
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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-14, 1953**, to **11-17, 1953** that I last saw the deceased alive on **10**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John Comstock (Degree or title)	23b. ADDRESS W.D. Marceline Mo.	23c. DATE SIGNED 11-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17, 1953	24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery	24d. LOCATION (City, town, or county) (State) Green County, Mo.
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DATE REC'D BY LOCAL REG. 11/15/53	REGISTRAR'S SIGNATURE Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE By: E. Larson ADDRESS Bucklin, Mo.
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RECEIVED 12.8.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.53.187
Date Filed 12.10.53

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.