

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16102  
State File No. ....  
2054

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Sedgwick</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Wichita</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>12 days</b>		e. STREET ADDRESS (If rural, give location) <b>858 South Vine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>W.</b> c. (Last) <b>PHELPS</b>		4. DATE OF DEATH (Month) <b>May</b> (Day) <b>6</b> (Year) <b>1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-11-86</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Moberly, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Loren Phelps</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Connor</b>	14. NAME OF HUSBAND OR WIFE <b>LuCora Phelps</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>513-07-3775</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. LuCora Phelps</b> ADDRESS <b>858 S. Vine, Wichita, Ks.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6-7 hrs</b> <b>10-30 YRS</b> <b>20 HOURS</b> <b>6/10x</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE PULMONARY EDEMA</b> <b>RHEUMATIC AORTIC STENOSIS</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>ACUTE HEMORRHAGE</b> <b>BLADDER 7 DAYS POST</b> DUE TO (c) <b>OPERATIVE</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>PROSTATECTOMY-RETROPUBIC</b>			

19a. DATE OF OPERATION <b>27 APR. 54</b>	19b. MAJOR FINDINGS OF OPERATION <b>PROSTATE HYPERPLASIA GRADE 3 BENIGN</b>	20. AUTOPSY? YES <input checked="" 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 APR 15, 1954, to MAY 6, 1954, that I last saw the deceased alive on MAY 6, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE OF A. <b>Lloyd Stockwell</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>600 Profesa Bldg KC MO</b>	23c. DATE SIGNED <b>7 May '54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-8-54</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Garfield, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>5-7-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b> ADDRESS <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Arthur Eugene Hook*

Licensed Embalmer No. *491*

P. O. Address..... *R. E. 71*

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.