

STANDARD CERTIFICATE OF DEATH

State File No. **15864**

FILED JUN 14 1955

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Holden</u>		c. LENGTH OF STAY (In this place) <u>47 yrs</u>	c. CITY OR TOWN <u>Holden</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5th & Niagara Streets</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>5th & Niagara Streets</u>		0510	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLETT</u> b. (Middle) <u>JOHN</u> c. (Last) <u>PHELPS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 23, 1879</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kearney, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Anthony Phelps</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred V. Tapp</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Phelps</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>xxxx</u>		16. SOCIAL SECURITY NO. <u>489-30-5558</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emily Phelps, Holden, Missouri</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Paraplegia, Right</u>			
		DUE TO (c) <u>Nephritis</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>593X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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?	
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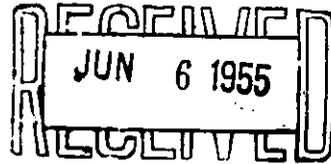
22. I hereby certify that I attended the deceased from April 7, 1955, to May 30, 1955, that I last saw the deceased alive on May 30, 1955, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Schubert</u> (Degree or title) <u>2nd. Adv.</u>		23b. ADDRESS <u>Holden, Mo.</u>		23c. DATE SIGNED <u>5/31/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>6-1-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. J. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp, Holden, Missouri</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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



JOHNSON COUNTY HEALTH DEP

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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Mis.

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.