

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7062

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1080

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			STREET ADDRESS (If rural, give location) 22 318 So. 23rd										
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jeff c. (Last) Phelps			4. DATE OF DEATH (Month) (Day) (Year) 1 29 56										
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 13, 1871		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 10 Days 16		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Coal Co.			11. BIRTHPLACE (City and State or Foreign Country) Henderson County, Tenn.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Nels Thomas			13b. MOTHER'S MAIDEN NAME Sarah Phelps			14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Oscar Phelps			ADDRESS 318 S. 23rd St.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Disease with possible Carcinoma of lung.						INTERVAL BETWEEN ONSET AND DEATH Undt.				
			ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____										
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Positive Blood Serology (Serological lues)										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 163 x						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) (m.)			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 1-23- , 1956 , to 1-29- , 1956 , that I last saw the deceased alive on 1-29- , 1956 , and that death occurred at 10:30p.m. , from the causes and on the date stated above.													
23a. SIGNATURE C. S. Williams				(Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier Street			23c. DATE SIGNED 1-30-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Jan. 31, 1956		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) Jackson Tenn.					
DATE REC'D BY LOCAL REG. JAN 31 1956			REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave.						

(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 *Esther K. Harris*.....

Licensed Embalmer No. *443*

P. O. Address *4181 Wash*.....

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.