Dr. Simmons

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12965

FILED APR 23 1956 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns — Length of stay in Hospital: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes X No
d. STREET ADDRESS 1702 Lancaster (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First ELMER Middle LEE Last PHELPS

4. DATE OF DEATH: Month April Day 16 Year 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: June 25 1884
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Gen Car Forman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Phelps
14. MOTHER'S MAIDEN NAME: Sarah Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bessie Phelps (wife) Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary insufficiency, acute — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) " ht. disease — ?
DUE TO (c) Anemia, secondary to — 1 wk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Duodenal ulcer with hemorrhage
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-14 to 4-16-56 and last saw ~~her~~ him alive on 4-15-56
Death occurred at 2:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S B Simmons Jr MD (Degree or title)
22b. ADDRESS: Springfield, Mo.
22c. DATE SIGNED: 4-16-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-18-56
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: J. W. Klingner & Co. ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 4-17-56
26. REGISTRAR'S SIGNATURE: Ruth Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Ogle Stone Jr.....

Licensed Embalmer No. 4

P. O. Address Sprn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.