

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

346

FILED JAN 28 1957

STATE FILE NUMBER 1000 64

Registration District No. 42 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 1823 Dalton St.		d. STREET ADDRESS 1823 Dalton St.	
Length of stay in lb 50 Years		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Phelps			4. DATE OF DEATH Month Day Year Jan. 13, 1957		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar. 17-1894		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	11. BIRTHPLACE (City and state or country) Savannah, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jim Phelps			14. MOTHER'S MAIDEN NAME Flossie Thompson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no --		16. SOCIAL SECURITY NO. 483-05-9010	17. INFORMANT Mrs Floradine Phelps, 403 So. 17th		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA		3 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		7 MO.	
DUE TO (b) THROAT MALIGNANCY			
DUE TO (c) NOT KNOWN			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) GENERAL DEBILITY		148X	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1-10-57 to and last saw her alive on 1-10-57  
Death occurred at 12:50pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title)  
A. E. Joehner D. O.  
22b. ADDRESS  
409 No 13th St City  
22c. DATE SIGNED  
1-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial  
23b. DATE  
Jan 15, 1957  
23c. NAME OF CEMETERY OR CREMATORY  
Ashland Cemetery  
23d. LOCATION (City, town, or county) (State)  
St. Joseph, Missouri

24. FUNERAL DIRECTOR  
Wm. H. Alexander  
ADDRESS  
St. Joseph, Mo.  
25. DATE RECD. BY LOCAL REG.  
Jan 24, 1957  
26. REGISTRAR'S SIGNATURE  
Kathleen M. Allison

300  
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB  
6 1957

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.....  
*Wm H. Alexander*

Licensed Embalmer No. *44*

P. O. Address *St. James*

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.