

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14195

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural W. Old Spgs.		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (in this place) Years		d. Residence within limits of a city, or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Yancy Mills, Edgar Spgs. Star Route, Rolla		e. STREET ADDRESS (If rural, give location) Yancy Mills, Edgar Springs Star Route, Rolla Mo.,	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) MARTIN	c. (Last) PHELPS	4. DATE OF DEATH (Month) (Day) (Year) Apr. 8, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1884	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 24 HRS. Days 13	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Ag. Farming	11. BIRTHPLACE (City and State or Foreign Country) Yancy Mills, Phelps Co., Mo.,	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christopher Phelps	13b. MOTHER'S MAIDEN NAME Belle Arthur	14. NAME OF HUSBAND OR WIFE Myrtle Phelps
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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. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Phelps, Edgar Star Rt. Rolla Mo	ADDRESS
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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) Natural Causes	DUE TO (b) Chronic Myocarditis for several years.		
ANTECEDENT CAUSES	DUE TO (c) (No medical attention recently)		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) (No medical attention recently)		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead _____, 19____, and that death occurred at 8:25A m., from the causes and on the date stated above.

23a. SIGNATURE Nadine L. Stoll, Local Registrar	(Degree or title)	23b. ADDRESS Rolla Mo	23c. DATE SIGNED Apr. 9, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 10, 1957	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. Apr. 9, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home By Paul E. Null	ADDRESS Rolla Mo.,
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(Licensed Embalmer's Statement on Reverse Side)

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

38

RECEIVED

Phelps County Health Officer,

County File Number 696

Date Filed APR 15 1957

APR 2 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.....
Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo

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.