

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1957

43362

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 W. Jefferson St			Length of stay in lb		d. STREET (If outside give location) ADDRESS 115 W. Jefferson St.,
3. NAME OF DECEASED (Type or print) First Ella Middle Jane Last Phelps			4. DATE OF DEATH Dec. 14, 1957		Month Dec. Day 14 Year 1957
5. SEX F.	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1874	9. AGE (In years for birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Schuyler County Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Frank M. Brassfield			14. MOTHER'S MAIDEN NAME Frances J. Johnston		
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. None	17. INFORMANT Mrs. Hazel Myer, Omaha, Nebr.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Bundle Branch Block with Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Interochanteric fracture right femur. H200 F					INTERVAL BETWEEN ONSET AND DEATH 1 week. 10 years.
20a. ACCIDENT <input checked="" 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.) Fall in home.			
20c. TIME OF INJURY 6:30 P.M. 11 28 57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kirksville		COUNTY Adair
21. I attended the deceased from Feb. 26, 1956 to Dec. 14, 1957 and last saw her alive on Dec. 14, 1957 Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Howard E. Gross, M.D.		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 12-16-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/16/57	23c. NAME OF CEMETERY OR CREMATORY Wilmathsville Cemetery		23d. LOCATION (City, town, or county) (State) Adair County, Mo.
24. FUNERAL DIRECTOR Paul R. Riley		ADDRESS Kirksville, Mo	25. DATE RECD. BY LOCAL REG. 12-16-1957	26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

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 *Kenneth E. Hayes*.....

Licensed Embalmer No. *489*.....

P. O. Address *Kirksville, Md.*.....

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.....