

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024462
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 232

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		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Kirksville Kv. Osteopathic		d. STREET ADDRESS (If outside, give location) 1008 S. Sheridan	

3. NAME OF DECEASED (Type or print) First Lyda Middle Pearl Last Phelps			4. DATE OF DEATH Month July Day 14 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED DIVORCED WIDOWED	8. DATE OF BIRTH Dec. 19 1885	9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Adair, Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME James Wilson		14. MOTHER'S MAIDEN NAME Maggie Page	
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 Kester Phelps, Kirksville, Mo.

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) Cerebral embolism		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auricular fibrillation 4200	
	DUE TO (c) Arteriosclerotic heart disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Torsion of partial intestinal obstruction		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)	
20c. TIME OF INJURY Hour _____ 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 Kirksville, Mo.	COUNTY	STATE
21. I attended the deceased from 7-1-58 to 7-14-58 and last saw her alive on 7-14-58 . Death occurred at 5:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Adorn Houko Ad²		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 7-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/16/1958	23c. NAME OF CEMETERY OR CREMATOR Willmathsville	23d. LOCATION (City, town, or county) (State) Adair, Co., Mo.
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24. FUNERAL DIRECTOR Doris W. Coates	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 7-16-1958	26. REGISTRAR'S SIGNATURE Doris W. Rathoff
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE HELMES

MEDICAL CERTIFICATION

525

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 *Nova E. Foster*
Nova E. Foster
Licensed Embalmer No. 4742

P. O. Address Kirksville.

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.