Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001674
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Twp — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10524 East 6th — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Blue Twp. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 10524 East 6th St — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Alvin Middle L. Last Phelps
4. DATE OF DEATH Month January Day 7 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH March 22 1887
9. AGE (In years at 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Quanita - Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lehi Phelps
13b. MOTHER'S MAIDEN NAME Anna De Groat
14. NAME OF HUSBAND OR WIFE Minnie A. Phelps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-24-993
17. INFORMANT Mrs Doris Pugh — Address 501 Ralston

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH 8 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gastro-intestinal Hemorrhage — Terminal
DUE TO (c) Nephrotic Syndrome — 9 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 591X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. 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 1951, to 1-7-59 and last saw him alive on 12-30-58
Death occurred at about 8:00 AM 1-7-59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] MD (Degree or title)
22b. ADDRESS 210 Arch Independence Mo
22c. DATE SIGNED 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan-10-59
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence - Missouri

24. FUNERAL DIRECTOR Roland R. Speakes — ADDRESS Indep. Mo
25. DATE RECD. BY LOCAL REG. 1-10-59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4783

P. O. Address .....