

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040299

FILED VS NOV 17 1959

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 5200 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital		d. STREET ADDRESS (If outside, give location) 9007 East 92 Street	
3. NAME OF DECEASED (Type or print) William Jay Phelps		4. DATE OF DEATH October 27 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	8. DATE OF BIRTH 12/7/1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Retired		9b. KIND OF BUSINESS OR INDUSTRY Socont Vacuum	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Retired		10b. KIND OF BUSINESS OR INDUSTRY Socont Vacuum	
11. BIRTHPLACE (City and state or country) Pleasant Hill Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fred R. Phelps		13b. MOTHER'S MAIDEN NAME Effie Downey	
14. NAME OF HUSBAND OR WIFE Marjorie Phelps		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 493-09-4890		17. INFORMANT Kansas City Missouri Mrs. Marjorie Phelps 9007 East 92 St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central embolism DUE TO (b) Thrombosis DUE TO (c) Right Central Vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had had 2 previous CVA's - 8 Anticoagulants			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ 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	
21. I attended the deceased from Oct 10, 1959 to Oct 27, 1959 and last saw her alive on Oct 27, 1959 Death occurred at 4:30 pm Oct 27, 1959 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Schwab (Degree or title)		22b. ADDRESS 13121 U.S. 71 Manhattan, Mo	
22c. DATE SIGNED 10/28/59		23a. BURIAL (Cremation, REMOVAL, Specify) Cremation	
23b. DATE 10/29/1959		23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Sons	
23d. LOCATION (City, town, or county) (State) Kansas City Missouri		24. FUNERAL DIRECTOR D.W. Newcomers Sons 13311 Brush Creek Blvd. Kansas City Missouri	
25. DATE RECD. BY LOCAL REG. 10-29-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

DOCUMENT

BY AFFIDAVIT OF J. D. Schwab DO MEDICAL CERTIFICATION

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 Thomas W. Pearson

Licensed Embalmer No. 4889

P. O. Address A. C. Ma

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.