

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013235

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 11

AMENDED

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pacific</u>		c. CITY OR TOWN <u>Pacific</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Pac RR at Payne St Crossing</u>		d. STREET ADDRESS (If outside, give location) <u>108 Marcia Ln.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>James</u> Last <u>Phelan</u>			4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1961</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 13, 1933</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoisting Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Drilling Co</u>	9. AGE (last birthday) <u>27</u>
11. BIRTHPLACE (City and state or country) <u>Pacific Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Edward Phelan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Zweifel</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Phelan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Margaret Phelan-Pacific Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple fracture of skull,</u> <u>in cage, fulm and</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>bullet</u> DUE TO (c) <u>bullet</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>Subject drove auto across tracks in path of west bound train</u>
20c. TIME OF INJURY Hour <u>4:50</u> p.m. Month, Day, Year <u>5/2/61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc) <u>Mo Pac Crossing</u>	20f. CITY, TOWN, OR LOCATION <u>Pacific Franklin Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Wagon Union Mo</u>	22c. DATE SIGNED <u>5/4/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-5-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>
24. FUNERAL DIRECTOR <u>Mrs. John L. Shields</u> ADDRESS <u>Pacific Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Catawissa Mo.</u>

25. DATE RECD. BY LOCAL REG. <u>May 5-61</u>	26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE TIME RECEIVED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAY 15 1961

MAY 16 1961

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, N.J.

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.