MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007521
STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 32

FILED MAR 7 1962

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fort Leonard Wood — Length of stay in 1b: 17 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: US Army Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 810 N. Franklin St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jesse Middle: O Last: Phelps
4. DATE OF DEATH: Month: February Day: 28 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-16-84
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Soldier
10b. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (City and state or country): Edgar Springs, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Phelps
13b. MOTHER'S MAIDEN NAME: Ida Hayden
14. NAME OF HUSBAND OR WIFE: Gertrude Phelps
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I & II
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Gertrude Phelps Address: 810 N. Franklin St. Kirksville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Circulatory Collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): Chronic Pulmonary Insufficiency
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Embolism, Acute
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 February 11, 1962, to February 28, 1962 and last saw him alive on February 28, 1962
Death occurred at 7:55 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Joseph A. Amato JOSEPH A. AMATO, Captain, MC
22b. ADDRESS: US Army Hospital Fort Leonard Wood, Missouri
22c. DATE SIGNED: 3-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/1/1962
23c. NAME OF CEMETERY OR CREMATORY: Kirksville Cemetery
23d. LOCATION (City, town, or county) (State): Kirksville MO
24. FUNERAL DIRECTOR: Moss-Williams ADDRESS: Waynesville MO
25. DATE RECD. BY LOCAL REG.: 3-1-62
26. REGISTRAR'S SIGNATURE: Gertrude Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 16 1962

MAY 1 1962

MAR 8 1962

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 Clarence Ehrose

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

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.