

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018584
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 101

FILED MAY 21 1962

VS 300
Rev. 4/59

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20361

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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>		Length of stay in 1b <u>10 yrs.</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>Hogan Subdivision</u>		Inside/Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Hogan Subdivision</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Kathryn</u> Middle <u>-</u> Last <u>Phelan</u>			4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1962</u>			
5. SEX <u>f</u>	6. COLOR OR RACE <u>w.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 6, 1875</u>	9. AGE (last birthday) <u>87.</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>not known</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Dennis Phelan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Muir</u>		14. NAME OF HUSBAND OR WIFE <u>none.</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>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Bess Phelan Pacific Mo.</u> Address _____			
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) <u>Cancer of liver & metastasis</u>					<u>2</u>	
DUE TO (b) <u>arteriosclerosis hypertonive heartd.</u>					<u>10</u>	
DUE TO (c) _____					_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obstructive jaundice</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year					
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 <u>9/10/57</u> to <u>5/10/62</u> and last saw her alive on <u>5/9/62</u> Death occurred at <u>9 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>J. Palmer MD</u> (Degree or title)			22b. ADDRESS <u>Pacific Mo</u>		22c. DATE SIGNED <u>5/10/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-12-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Bridgets</u>	23d. LOCATION (City, town, or county) <u>Pacific</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. John L. Thiele</u> ADDRESS <u>Pacific Mo</u>			25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Mary B. Green</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 Oltmann

Licensed Embalmer No. 4808

P. O. Address Union 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.