

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025928  
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5058 Registrar's No. 102

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett Twp.</b>		Length of stay in 1b <b>Inst</b>	c. CITY OR TOWN <b>Monett</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 mi. W 37+60 Jct.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>600 5th St.</b>
3. NAME OF DECEASED (Type or print) First <b>Janet</b> Middle <b>Marlene</b> Last <b>Phelps</b>		4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/22/40</b>
9. AGE (last birthday) <b>21</b>		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) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Galena, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Phelps</b>	
13b. MOTHER'S MAIDEN NAME <b>Edna Threllfall</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs Edna Uhlen St. Louis, Missouri</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Automobile accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Broken Neck</b>			
DUE TO (c) <b>possible skull fracture</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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.) <b>AUTO ACCIDENT</b>	
20c. TIME OF INJURY <b>12:15 a.m.</b>	Month, Day, Year <b>7-14-62</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1/2 M. West of 37+60 Junction (90° 20 E)</b>	20f. CITY, TOWN, OR LOCATION <b>Barry MO</b>	COUNTY <b>Barry</b>
21. I attended the deceased from <b>Carover Case</b> and last saw her him alive on _____		Death occurred at <b>12:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Bill Kempshall Sheriff</b>		22b. ADDRESS <b>Cassville MO</b>	22c. DATE SIGNED <b>7-17-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/14/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nolan</b>	23d. LOCATION (City, town, or county) (State) <b>Stone County, Missouri</b>
24. FUNERAL DIRECTOR <b>Manlove Funeral Home, Crane, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>2-17-62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P.N. Cook</b>

USE BLACK INK OR TYPEWRITER RIBBON

APR 23 1963

JUL 31 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,

~~on~~ by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed George M. Mumble

Licensed Embalmer No. 3827

P. O. Address Oran me

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.