

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026135

042

1000

876

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

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

FILED AUG 6 1962

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		c. CITY OR TOWN <i>St. Joseph</i>	
Length of stay in lb <i>Life</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Route 6</i>		d. STREET ADDRESS (If outside, give location) <i>Route 6</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Loren</i> Middle <i>Merideth</i> Last <i>Mc Phelan</i>			4. DATE OF DEATH Month <i>July</i> Day <i>28</i> Year <i>1962</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>March 19, 1940</i>	9. AGE (last birthday) <i>22</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurseryman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Bennett Nursery</i>	11. BIRTHPLACE (City and state or country) <i>St. Joseph, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>James E. Mc Phelan</i>	13b. MOTHER'S MAIDEN NAME <i>Ardis Sperr</i>	14. NAME OF HUSBAND OR WIFE <i>Lois Jean Mc Phelan</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT <i>Mrs. Ardis Mc Phelan Rt. 6 St. Joseph, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Traumatic shock and hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>at once</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Gun shot wound in the neck, fracture of femur (left)</i>	
	DUE TO (c) _____	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Man was shot four times by a 22 rifle</i>
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20c. TIME OF INJURY Hour <i>6:10</i> Month, Day, Year <i>July 28, 1962</i>

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.) <i>In yard outside of home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Joseph Route 6,</i>	COUNTY <i>Buchanan</i>	STATE <i>Missouri</i>
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21. I viewed *on* *July 28, 1962* to _____ and last saw *him* *on* *July 28, 1962*
Death occurred at *6:10 P.m.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>S. E. Melaney M.D.</i> (Degree or title)	22b. ADDRESS <i>214 Kirkpatrick Bldg. St. Joseph, Mo</i>	22c. DATE SIGNED <i>7/28/62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 31, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>King Hill Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Joseph, Mo.</i>	(State)
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24. FUNERAL DIRECTOR <i>Clark Funeral Home St. Joseph, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>July 30, 1962</i>	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

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25110

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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

S. E. Melaney, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AUG 28 1962

Permit issued 7/30/62

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 Paul F. Clark

Licensed Embalmer No. 5024

P. O. Address St. Joseph, 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.