

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035943

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 137

FILED SEP 24 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		Length of stay in 1b <i>3 years</i>	c. CITY OR TOWN <i>West Plains</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>W.P. Memorial Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <i>627 Walnut Street</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>Edward</i> Last <i>Phelps</i> <i>111</i>			4. DATE OF DEATH Month <i>September</i> Day <i>11</i> Year <i>1963</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-15-1960</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>3 yrs.</i> IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
11a. BIRTHPLACE (City and state or country) <i>West Plains, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Charles E. Phelps 11</i>		13b. MOTHER'S MAIDEN NAME <i>Jeanne Hall</i>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT <i>Chas. E. Phelps 11, West Plains, Mo.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		16. 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) <i>Acute pulmonary edema</i> DUE TO (b) <i>Congestive heart failure</i> <i>Quantum due to chronic brain damage as result of pseudomonas meningitis and</i> DUE TO (c) <i>result of posterior fossa intracranial exploratory October 1962</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 hours</i> <i>3 weeks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), or (c). <i>result of posterior fossa intracranial exploratory October 1962</i>			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.	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 <i>September 1962</i> to <i>Sept. 11, 1963</i> and last saw him alive on <i>Sept. 11, 63</i> Death occurred at <i>12:20 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>M. L. Fowler MD</i>		22b. ADDRESS <i>West Plains Mo</i>	22c. DATE SIGNED <i>9/13/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>9-13-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>	23d. LOCATION (City, town, or county) <i>West Plains, Mo.</i>
24. FUNERAL DIRECTOR <i>Robertsons, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-17-63</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

OCT 8 1963

JAN 15 1964

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 _____

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.