No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4441

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden 3
d. STREET ADDRESS (If rural, give location): Bx 244 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ulyses
b. (Middle):
c. (Last): Phelps

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 27 1871
9. AGE (In years last birthday): 77 — If under 1 year: Months 5, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: David Phelps
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Fred Phelps — **ADDRESS**: Malden, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged Prostate and — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infection of Bladder

DUE TO (c) Kidney secondary Nephritis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Attended off and on for 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓ 52X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1942, *to* Feb 11, 1949, *that I last saw the deceased alive on* Feb 10, 1949, *and that death occurred at* 5 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. Carlton (Degree or title): DO
23b. ADDRESS: Malden
23c. DATE SIGNED: Feb 13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13 1949
24c. NAME OF CEMETERY OR CREMATORY: Pine City Cemetery
24d. LOCATION (City, town, or county) (State): Holcomb Mo.

DATE REC'D BY LOCAL REG.: Feb. 21, 1949
REGISTRAR'S SIGNATURE: J. D. Schaumann M.D.
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Landers Funeral Home Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 249-31
Date Filed 2-28-42

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.

Signed Christina M. Landess

Signed _____
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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 this body is not embalmed, fact should be so stated above.