

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 637

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meramec Township		c. LENGTH OF STAY (In this place) In transit		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy		b. (Middle) Jeanett		c. (Last) Phelps		4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 '50	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED		8. DATE OF BIRTH Dec. 2, 1924		9. AGE (In years last birthday) Months Days If under 1 year If under 1 min. 25 - - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chester, Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Carlton D. Spencer		13b. MOTHER'S MAIDEN NAME Frances Kibby		14. NAME OF HUSBAND OR WIFE William Phelps	
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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) NO NO		16. SOCIAL SECURITY NO. 443-20-8854		17. INFORMANT'S SIGNATURE OR NAME William Phelps, Lebanon, Ind.		ADDRESS	
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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) Exposure, accidental freezing				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				89339 46	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 28		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Carlton D. Spencer		(Degree or title)		23b. ADDRESS Cuba, Mo.		23c. DATE SIGNED 1-5-1950	
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24a. BURIAL, CREMATION, REMOVAL		24b. DATE Jan. 5, 1950		24c. NAME OF CEMETERY OR CREMATORY St Louis Mo		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
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DATE REC'D BY LOCAL REG. 2-7-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Licklider		ADDRESS St. James, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 14 1950

RECEIVED 2/9/50
District Health Officer No. 6,

District File Number 250 95

Date Filed 2/9/50

OCT 29 1954

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed *Orville E. Leichter*

Signed _____
Student Embalmer

Licensed Embalmer No. 3546

P. O. Address St James 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.