S. No. 300
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FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2034

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cold Springs
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lecoma Star Rt. Rolla Mo.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cold Springs
d. STREET ADDRESS (If rural, give location): Lecoma Star Rt. Rolla Mo.,

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3. NAME OF DECEASED (Type or Print)
a. (First): EVERETT
b. (Middle): ESTLE
c. (Last): PHELPS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25, 1892

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — 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: xx

11. BIRTHPLACE (State or foreign country): Phelps County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George C. Phelps

13b. MOTHER'S MAIDEN NAME: Sally Ann Miller

14. NAME OF HUSBAND OR WIFE: Bertha Phelps

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 — ADDRESS: Bertha Phelps, Lecoma Star Rt. Rolla 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) Broken Neck, Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrown from loaded hay wagon to ground and run over by heavily loaded wagon.
DUE TO (c)

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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 ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 6 Mi. So. Rollanear; Rolla

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Phelps Missouri 081

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-27-50 10;45A.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Thrown from load of hay by runaway team of horses.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* Jan. 27, 1950, *and that death occurred at* 10;45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. B. Mull — (Degree or title): Coroner of Phelps County

23b. ADDRESS: Rolla, Missouri

23c. DATE SIGNED: 1/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 29, 1950

24c. NAME OF CEMETERY OR CREMATORY: Corn Creek Cemetery

24d. LOCATION (City, town, or county) (State): Phelps Co., Mo.

DATE REC'D BY LOCAL REG.: 1-31-50

REGISTRAR'S SIGNATURE: Nadine L. Stoce 380

25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null

ADDRESS: Rolla Mo.,

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer

County File Number _____

Date Filed 2-10-50

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 _____
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.