

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40968

FILED DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4119 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brunswick</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>721 W. Broadway</b>	
c. LENGTH OF STAY (In this place) <b>6 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Brunswick</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <b>721 W. Broadway</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b> b. (Middle) <b>JAMES</b> c. (Last) <b>PHELPS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 13 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 25, 1887</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>18</b>	IF UNDER 1 HOUR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Erna Phelps</b>	13b. MOTHER'S MAIDEN NAME <b>Susie Dolena</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie Rachel Phelps</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, how long or dates of service) <b>Yes W.W.#1</b>	16. SOCIAL SECURITY NO. <b>495-07-0645</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hattie Rachel Phelps</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
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 <b>444 X</b>	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)
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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?
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22. I hereby certify that I attended the deceased from **July 2, 1949**, to **Dec 12, 1951**, that I last saw the deceased alive on **Dec 12, 1951**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Brunswick Mo</b>	23c. DATE SIGNED <b>Dec 16-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 15, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Centralia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Centralia Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-15-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Mayfield Funeral Home Brunswick</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: DEC 18 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-2  
Date Filed: DEC 19 1951

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 Walter E. Moyer.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4490

P. O. Address Brunswick, 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.