

FILED MAR 25 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8757**

0495

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Missouri		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Twin Groves Twshp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 3 Miles West Carl Junction, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) NANCY		b. (Middle) BELLE		c. (Last) PHIPPS		4. DATE OF DEATH (Month) (Day) (Year) 3-20-1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 2-1-1871		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 19	IF UNDER 24 HRS. Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Granville Van Bebber		13b. MOTHER'S MAIDEN NAME Mary Lee		14. NAME OF HUSBAND OR WIFE Enoch Phipps (Div)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thos. Van Bebber, Carl Jct., Mo., R. 1.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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			
22. I hereby certify that I attended the deceased from 3-14 , 19 52 , to 3-20 , 19 52 , that I last saw the deceased alive on 3-20 , 19 52 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter D. Melton		23b. ADDRESS W. D. Melton, M.D., Mch 20, 1952		23c. DATE SIGNED 3-21-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-23-1952	24c. NAME OF CEMETERY OR CREMATORY Mound Cemetery		24d. LOCATION (City, town, or county) (State) Kansas, Lincoln Cherokee Co., Ks		
DATE REC'D BY LOCAL REG. 3-21-52		REGISTRAR'S SIGNATURE Walter D. Melton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. D. Melton, Carl Jct., Mo.			

RECEIVED 3-24-52

Jasper County Health Office

County File Number 52/3/244

Date Filed 3-24-52

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.