

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13896

State File No. \_\_\_\_\_

FILED APR 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>89</u>			
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>RANDOLPH</u>					
b. CITY OR TOWN <u>Moberly Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Moberly Mo</u>		<u>0883</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 N 5th</u>				d. STREET ADDRESS (If rural, give location) <u>402 N 5th St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Phelps</u> c. (Last) _____			4. DATE OF DEATH <u>4 - 17 - 1952</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.D.</u>		8. DATE OF BIRTH <u>7 1878</u>			
9. AGE (in years last birthday) <u>74</u>		10. USUAL OCCUPATION (Type kind of work done during part of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>SALISBURY MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN PHELPS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LENA BARTLETT</u>		ADDRESS <u>MOBERLY MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>				DUE TO (b) <u>Senility</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>522X</u>			
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) _____		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 <u>April 17, 1952</u> , to _____, 19____, that I last saw the deceased alive on <u>8:05 AM, 4/17/52</u> , and that death occurred at <u>3:25 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Benj. S. Jolly, M.D.</u> (Degree or title)				23b. ADDRESS <u>203 1/2 N. CLARK, Moberly, Mo</u>		23c. DATE SIGNED <u>4-18-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>269-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rizer Fun. Home</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 24 1952

**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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobile, 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.