

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14432

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

1838

FILED APR 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">15 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Luke's Hospital</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">The Walnuts 5049 Wornall Rd.</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Elmore</p>		b. (Middle) <p style="text-align: center;">Waite (Ed)</p>		c. (Last) <p style="text-align: center;">PHELPS</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">4-3-53</p>	
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5. SEX <p style="text-align: center;">M</p>	6. COLOR OR RACE <p style="text-align: center;">W</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">June 20, 1885</p>	9. AGE (in years last birthday) <p style="text-align: center;">67</p>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Manager of Swift &amp; Co.</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Packing Industry</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Ontario, Canada 2</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>	
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13a. FATHER'S NAME <p style="text-align: center;">Simon Waite Phelps</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Unknown</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Loretta Mills Phelps</p>			
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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) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">271-07-4255</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. E. W. Phelps 5049 Wornall</p>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Monocytic Leukemia -</p>				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">2 yrs.</p>	
		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.				2042	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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 June, 1950, to April 3, 1953, that I last saw the deceased alive on April 3, 1953, and that death occurred at 10 - A. M., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">Arnold V. Arms</p>		(Degree or title) <p style="text-align: center;">MD</p>		23b. ADDRESS <p style="text-align: center;">4625 Wornall, Kansas City, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">4/1/53</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Entombment</p>		24b. DATE <p style="text-align: center;">4/6/53</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Moriah Temple</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>	
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DATE REC'D BY LOCAL REG <p style="text-align: center;">4-4-53</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Seraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE &amp; McCLURE</p>		ADDRESS <p style="text-align: center;">K.C., MO.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

*Drs. Arnold*

*4635 Wyandotte*

*Je 0552*

**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

*Eugene J. Henneman*

Licensed Embalmer No. *4633*

P. O. Address *Sanford, N.C.*

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.