

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3912

State File No.

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 16

0050

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1200 Mill St.			

3. NAME OF DECEASED (Type or Print) BERTHA	a. (First)	b. (Middle) MAY	c. (Last) PHELPS	4. DATE OF DEATH Jan. 31, 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 9, 1887	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR 4	11. UNDER 1 MIN. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Plainville, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hiram Keas	13b. MOTHER'S MAIDEN NAME Alice Green	14. NAME OF HUSBAND OR WIFE Harry Guy Phelps
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gene Miller Cassville, Mo.	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, asphyxia, 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) Coronary thrombosis (acute)		none
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis and hypertension DUE TO (c)		unknown (about 3 yrs)
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"/>
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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) m.	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 May, 1951, to Jan. 31, 1954, that I last saw the deceased alive on Jan. 31, 1954, and that death occurred at 5:21 p. m., from the causes and on the date stated above.

23a. SIGNATURE Mary Newman, M.D.	23b. ADDRESS Cassville, Missouri	23c. DATE SIGNED 2-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	24d. LOCATION (City, town, or county) (State) Exeter, Missouri
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DATE REC'D BY LOCAL REG. 2-13-1954	REGISTRAR'S SIGNATURE Grace Williams 10-0	25. FUNERAL DIRECTOR'S SIGNATURE Hon. - Mableman funeral home L. Bela Mableman	ADDRESS Cassville, Mo
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APR 14 1954

APR 26 1954

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

Robert E. Mullen

Licensed Embalmer No. *4916*

P. O. Address *Cassville, 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.