

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15002**

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>486</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>32 yrs.</b>		c. CITY OR TOWN <b>St. Joseph</b>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2209 Sylvan St.</b>				d. STREET ADDRESS (If rural, give location) <b>2209 Sylvan St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pearl</b>			b. (Middle) <b>Maybelle</b>		c. (Last) <b>Phelps</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9 1954</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 4 1880</b>	
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	
11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Daniels</b>	
13b. MOTHER'S MAIDEN NAME <b>Frances Daniels</b>		14. NAME OF HUSBAND OR WIFE <b>Frank J. Phelps</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Burns</b>				ADDRESS <b>2209 Sylvan St. Joseph, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Thrombo-phlebitis, right leg. Senile psychosis</b>		Arterio-sclerotic heart disease				4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (m.)		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 <b>1-22-54</b> , 19 <b>54</b> , to <b>5-9-54</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>5-9-54</b> , 19 <b>54</b> , and that death occurred at <b>8:15 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. Handler</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>311 Physician &amp; Surgeons Bldg., St. Joseph, Missouri</b>		23c. DATE SIGNED <b>5-11-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 12 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Savannah, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 11, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		485		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Alexander</b> ADDRESS <b>St. Joseph, Mo.</b>	

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

**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.....

*Wm. H. Alexander*

Signed.....

Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address *St Joseph, 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.