

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

33333

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 106

1. PLACE OF DEATH  
a. COUNTY CLAY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION EXCELSIOR SPRINGS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY CLAY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS  
d. STREET ADDRESS (If rural, give location) 320 N. MAIN 60020

3. NAME OF DECEASED  
a. (First) HENRY b. (Middle) E. c. (Last) RIES

4. DATE OF DEATH (Month) (Day) (Year)  
OCT. 5 1954

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
WIDOWED

8. DATE OF BIRTH JAN. 5, 1875

9. AGE (In years last birthday) 79  
IF UNDER 1 YEAR: MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_  
IF UNDER 12 HRS: HOURS \_\_\_\_\_ MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)  
RETIRED CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY  
CARPENTRY

11. BIRTHPLACE (State or foreign country)  
UNKNOWN

12. CITIZEN OF WHAT COUNTRY?  
-

13a. FATHER'S NAME  
UNKNOWN

13b. MOTHER'S MAIDEN NAME  
UNKNOWN

14. NAME OF HUSBAND OR WIFE  
UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
UNKNOWN

16. SOCIAL SECURITY NO.  
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
PERSONAL PAPERS

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) Cerebral degeneration  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebral accident  
DUE TO (c) Arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 months  
3 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
331X

20. AUTOPSY?  
YES  NO

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)  
EXCELSIOR SPRINGS MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2, 1954, to 10-4, 1954, that I last saw the deceased alive on 10-4, 1954 and that death occurred at 2:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Dr. Eugene B. Phelps M.D.

23b. ADDRESS  
Excelsior Springs Mo.

23c. DATE SIGNED  
10/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

24b. DATE  
10-9-54

24c. NAME OF CEMETERY OR CREMATORY  
CROWN HILL

24d. LOCATION (City, town, or county) (State)  
EXCELSIOR SPRINGS, MO.

DATE REC'D BY LOCAL REG.  
10-10-54

REGISTRAR'S SIGNATURE  
Caroline Hutchins

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Wanda Prichard Excelsior Springs Mo.

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

working under my personal supervision.

Student Embalmer No.....

Signed

*Lundell Garrison*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4589*

P. O. Address *Exochord Springs*

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.