

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10867

State File No. ....

FILED MAY 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>	
c. LENGTH OF STAY (in this place) <u>1YR</u>		d. STREET ADDRESS (If rural, give location) <u>1008 S. SHERIDAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1008 S. SHERIDAN</u>			
3. NAME OF DECEASED a. (First) <u>Jesse</u> b. (Middle) <u>GARFIELD</u> c. (Last) <u>Phelps</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 10 1882</u>
9. AGE (In years last birthday) <u>73</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (State or foreign country) <u>ADAIR Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>JOHN THOMAS PHELPS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH CHAMBERS</u>	
14. NAME OF HUSBAND OR WIFE <u>LYDIA PEARL PHELPS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jesse J. Phelps</u>		ADDRESS <u>953-76 place St. Peterburg Fla.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disseminated Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Recto-Sigmoid</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154x</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>		UNKNOW	
19a. DATE OF OPERATION <u>Aug. 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Disseminated Carcinoma - of Recto-Sigmoid</u>	
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 <u>July 24, 1955</u> , to <u>May 4, 1955</u> , that I last saw the deceased alive on <u>May 4, 1955</u> , and that death occurred at <u>10:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. B. Bester</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirksville, Mo</u>	
23c. DATE SIGNED <u>5/4/55</u>			
24a. BURIAL, CREMATION, REBURYAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 7-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>		24d. LOCATION (City, town, or county) (State) <u>WILLMATHSVILLE, ADAIR MO</u>	
DATE REC'D BY LOCAL REG. <u>5-5-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter E. Foster</u>		ADDRESS <u>4027 Elm Kirksville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed *Neal E. Foster* \_\_\_\_\_

Licensed Embalmer No. *4742*

P. O. Address *Fukuville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.