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FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34908

Registration District No. 257 Primary Registration District No. 5881 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural Jefferson Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Family home — Length of stay in 1b 52 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Osage
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.F.D Bland (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: Albert Last: Phelps
4. DATE OF DEATH Month: Oct Day: 22 Year: 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec-18-1866
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farmer
11. BIRTHPLACE (City and state or country) Osage County - Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James A. Phelps
14. MOTHER'S MAIDEN NAME Tate
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Alvin Phelps — Address Bland - Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Arrest — 7 min
DUE TO (c) Congestive Heart Failure — 6 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Arteriosclerotic Heart Disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —
20c. TIME OF INJURY Hour 11 10 a.m. p.m. Month, Day, Year 10 22 56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Jefferson Township COUNTY Osage County STATE Mo.
21. I attended the deceased from 10-8-56, to 10-22-56 and last saw her/him alive on 10-8-56
Death occurred at Home m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Wm Fedler D.O.
22b. ADDRESS Bland, Mo
22c. DATE SIGNED 10/25/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 25-1956
23c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery
23d. LOCATION (City, town, or county) (State) Osage County - Mo.
24. FUNERAL DIRECTOR Sassmann's Funeral Service — ADDRESS Bland - Mo
25. DATE RECD. BY LOCAL REG. Nov. 2-1956
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester Sassman.....

Licensed Embalmer No. 417

P. O. Address Blanco -

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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