

STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1957

39069
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 5023 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Atchison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rock Port		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in lb	d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clyde Middle Phelps Last Phelps			4. DATE OF DEATH Month 11 Day 5 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-7-1898	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months 11 Days 28 IF UNDER 24 HRS.: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Atchison County, Mo.		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Phelps			14. MOTHER'S MAIDEN NAME Mary Perry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 414-05-5497	17. INFORMANT Mildred Phelps Address Rock Port.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause. (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201					INTERVAL BETWEEN ONSET AND DEATH 30 min 5 years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-5-57 to 11-5-57 and last saw her alive on 11-5-57 Death occurred at 8 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wallace Carpenter m.d.			22b. ADDRESS Rock Port, Mo		22c. DATE SIGNED 11-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-8-1957	23c. NAME OF CEMETERY OR CREMATORY Green Hill		23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rockport.		25. DATE RECD. BY LOCAL REG. Nov. 21, 1957		26. REGISTRAR'S SIGNATURE Tharvin V. Schoeder	

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
Signature of Student Embalmer

Signed *Grat Bartholomew*
Licensed Embalmer No. 3173...

P. O. Address ...Rock Port.

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

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