

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014395

STATE FILE NUMBER 2017

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 6001

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>		
b. CITY (If inside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>North Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>		Length of stay in lb <u>2 wks.</u>	d. STREET ADDRESS (If outside, give location) <u>1416 E 22<sup>nd</sup> Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Timothy H. Phelps</u>			4. DATE OF DEATH Month Day Year <u>April 18 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 2 1915</u>		9. AGE (In years last birthday) <u>42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee Corn Products Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u>		11. BIRTHPLACE (City and state or country) <u>Indiana U.S.A</u>	
13a. FATHER'S NAME <u>Charles A. Phelps</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Sewell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Phelps</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>303-07-8585</u>		17. INFORMANT (Address) <u>Mrs. Mary E. Phelps, 705C, 1416 E. 22 Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inttra Cerebral Hemorrhage - Left Frontal lobe and cerebellum due to Acute Myelogenous Leukemia</u> DUE TO (b) <u>Chronic Myelogenous Leukemia</u> DUE TO (c) <u>Chronic Myelogenous Leukemia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u> <u>- 7 hrs</u> <u>1 month</u> <u>4 years</u>
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 <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 <u>March 1954</u> to <u>April 18 1958</u> and last saw him alive on <u>April 17, 1958</u> Death occurred at <u>4:15 Am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edw. H. Fischer M.A.</u>			22b. ADDRESS <u>306 E 21<sup>st</sup> NKC 16 MO</u>		22c. DATE SIGNED <u>4/18/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>4-20-58</u>	<u>East Slope Cem.</u>		<u>Riverside, Missouri</u>
24. FUNERAL DIRECTOR <u>D.W. Newcome</u>		ADDRESS <u>Law N.K.C.</u>	25. DATE RECD. BY LOCAL REG. <u>4-19-58</u>	26. REGISTRAR'S SIGNATURE <u>neva munsell</u>	



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 *John W. Kalsbeek* .....

Licensed Embalmer No. *4949*  
P. O. Address *Mo. Kansas City*

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.