FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016305
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4589

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY 8120
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Centralia Illinois — Inside Limits Yes [X] No [ ] 8
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 Mo Baptist — Length of stay in 1b 2 Days	d. STREET ADDRESS (If outside, give location) 32 311 Leafland — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First JOHN Middle Last PHELPS		4. DATE OF DEATH Month April Day 27 Year 1958	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Aug. 4, 1913
9. AGE (In years last birthday) 44	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) Personell Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Candy Factory	11. BIRTHPLACE (City and state or country) Metropolis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John C. Phelps	13b. MOTHER'S MAIDEN NAME Callie May Edwards	14. NAME OF HUSBAND OR WIFE Lena Phelps	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW # 2	16. SOCIAL SECURITY NO. 349-095202	17. INFORMANT Lena Phelps Address 311 Leafland Centralia Ill.	

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) Thrombosis of artery, coronary — INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Had been treated for thyrotoxicosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2520

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

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 a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 24, 1958, to April 27, 1958 and last saw her/him alive on April 27, 1958

Death occurred at about 4:50 p.m. DST m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew B. Jones, M. D. 0	22b. ADDRESS 3720 Washington St. Louis 8, Mo.	22c. DATE SIGNED 4/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/30/1958	23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) (State) Centralia, Illinois		
24. FUNERAL DIRECTOR ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette Ave.	25. DATE RECD. BY LOCAL REG. APR 28 58	26. REGISTRAR'S SIGNATURE J Carl Smith MD MPB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James R. Shepherson

Licensed Embalmer No. 4550

P. O. Address Ft. Fairfield, Me

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.