

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031622
Stat. File No.

FILED SEP 16 1958

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 75

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, write RURAL and give township) Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Templeton Twsp.	
c. LENGTH OF STAY (In this place) 12 hrs		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Com. Hosp.			

3. NAME OF DECEASED (Type or Print) Lillie Francis Phelps			4. DATE OF DEATH (Month) (Day) (Year) 9 12 1958		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Rock Port, Mo.	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Francis Oswald		13b. MOTHER'S MAIDEN NAME Della Marlatt		14. NAME OF HUSBAND OR WIFE Walter Phelps	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-09-9996		17. INFORMANT'S SIGNATURE OR NAME Walter Phelps, Rock Port, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		24 hrs	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Hypertension		5 years	
DUE TO (c) Arteriosclerosis		5 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Nov, 1956, to Sept 12, 1958, that I last saw the deceased alive on Sept 12, 1958 and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE James R. Allen, M.D. (Degree or title)		23b. ADDRESS Rock Port, Mo.		23c. DATE SIGNED 9-13-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-1958		24c. NAME OF CEMETERY OR CREMATORY Greenhill Cem.	
24d. LOCATION (City, town, or county) (State) Rock Port, Mo.					

DATE REC'D BY LOCAL REG. Sept 14, 1958		REGISTRAR'S SIGNATURE Harwin H. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, Rockport, Mo.	
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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 Grady B. Barthelemy

Licensed Embalmer No. 3173

P. O. Address Rook Port, Mo.,

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