

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037579

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 59, '61

AMENDED

FILED OCT 30 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b 1 YEAR	c. CITY OR TOWN AURORA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 MCNATT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 804 MCNATT
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM GRANT PHELPS		4. DATE OF DEATH Month Day Year OCT. 18, 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/21/76
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Republic, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME LEVI PHELPS	
13b. MOTHER'S MAIDEN NAME MARTHA WALLACE		14. NAME OF HUSBAND OR WIFE * * * * *	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. * * * * *	
17. INFORMANT TOMMY PHELPS:		Address AURORA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, Cerebral, Meningeal			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Arteriosclerosis, Cerebral			5 years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Generalized			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 Feb. 15, 1960 to October 17, 1961 and last saw him alive on October 17, 1961 . Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Barnett L. Nelson M.D.		22b. ADDRESS Aurora, Mo.	22c. DATE SIGNED Oct. 20, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/22/61	23c. NAME OF CEMETERY OR CREMATORY PRITCHARD CEMETERY	23d. LOCATION (City, town, or county) (State) CHESAPEAKE, MO.
24. FUNERAL DIRECTOR ARNOLD'S FUNERAL HOME:		25. DATE RECD. BY LOCAL REG. Oct. 24, 1961	26. REGISTRAR'S SIGNATURE Bernice Garmey Deputy
ADDRESS AURORA, MO.			

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 Erwin B. Arnold

Licensed Embalmer No. 4929
P. O. Address AURORA, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.