

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32847**

BIRTH NO. _____ REG. DIST. NO. **365** PRIMARY REG. DIST. NO. **6238** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rural (Belgrade)		c. CITY OR TOWN Rural Belgrade (WV)	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) Near Belgrade mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Belgrade mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) W.	c. (Last) Phares	4. DATE OF DEATH (Month) (Day) (Year) Sept 12 - 1949
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 4th 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 8 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Washington Co. mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Phares	13b. MOTHER'S MAIDEN NAME Phaebe Vance	14. NAME OF HUSBAND OR WIFE Leona Phares
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Leona Phares	ADDRESS Belgrade mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **9-9-1949** to **9-12-1949** that I last saw the deceased alive on **9-9-1949**, and that death occurred at **10:12 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Fleuman M.D.	(Degree or title)	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 9-17-49.
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 9-14-49	24c. NAME OF CEMETERY OR CREMATORY Liberty Burial	24d. LOCATION (City, town, or county) (State) Washington Co. mo.
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DATE REC'D BY LOCAL REG. 9 19-49	REGISTRAR'S SIGNATURE Ella A White	336	25. FUNERAL DIRECTOR'S SIGNATURE Mr. Luther Spahr	ADDRESS Potosi mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-21-49

District Health Officer No. 4

District File Number 949-1241

Date Filed

OCT 4 1949

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 Murphy L. Spinks

Licensed Embalmer No. 4226

P. O. Address Flat River, 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.