

FILED MAR 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8001

BIRTH NO. 13422-51 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 40

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Truesdale</u> <u>1090</u>	
c. LENGTH OF STAY (In this place) <u>3 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>Irene</u> c. (Last) <u>Pherigo</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Mar. 14, 1951</u>	9. AGE (In years last birthday) <u>3</u> OF UNDER 1 YEAR Months OF UNDER 12 HRS. Days OF UNDER 12 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wilbur Troy Pherigo</u>	13b. MOTHER'S MAIDEN NAME <u>Gladys Young</u>	14. NAME OF HUSBAND OR WIFE <u>Troy Pherigo</u> <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Troy Pherigo Truesdale, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - Maternal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypochromia</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Congenital Atelectasis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asphyxia 7625</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Twin</u>	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) (m.)	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 March 4, 1951, to March 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter H. Hildebrand M.D.</u>	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>3-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>	24b. DATE <u>3-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warren County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 15, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 17 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} ~~embalmed by me, or by~~ _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John Thieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.