

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38214

State File No. _____

FILED DEC 1-1953

BIRTH NO. _____		REG. DIST. NO. <u>27</u>	PRIMARY REG. DIST. NO. <u>3005</u>	Registrar's No. <u>110</u>
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lone Oak Twp.</u>		
c. LENGTH OF STAY (In this place) <u>8 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 5 Butler, Mo. Hi-Way 71</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>Robert</u> c. (Last) <u>Pharis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1898</u>	9. AGE (In years) (last birthday) <u>54</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Charles F. Pharis</u>		13b. MOTHER'S MAIDEN NAME <u>Mennie Peach</u>		14. NAME OF HUSBAND OR WIFE <u>Jane Pharis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Jane Pharis</u> ADDRESS <u>RFD 5 Butler Mo.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Broken TV Coronary</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>of right lung -</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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? 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) <u>Butler Bates Mo.</u>
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 <u>Oct 5, 1953 to Nov 23, 1953</u> , that I last saw the deceased alive on <u>Nov 23, 1953</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Charles A. Lusk Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Bk Bldg. Butler, Mo.</u>		23c. DATE SIGNED <u>11/24/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 24-53</u>		REGISTRAR'S SIGNATURE <u>Randall Kereny</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Underwood</u> ADDRESS <u>Butler, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 19

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 Robert E Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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