

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024784

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City ³⁴⁷⁸ / ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 3 Weeks	d. STREET ADDRESS (If outside, give location) 3329 Baltimore
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Viola Middle Last Phares			4. DATE OF DEATH Month July Day 30 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21, 1887	9. AGE (In years last birthday) 71	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nursing	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Caldwell Co., Mo.	12. CITIZEN OF WHAT COUNTRY? u.s.a.
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13a. FATHER'S NAME Peter Misenhelter	13b. MOTHER'S MAIDEN NAME Nancy Wright	14. NAME OF HUSBAND OR WIFE John Phares
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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) No	16. SOCIAL SECURITY NO. 495-07-8637	17. INFORMANT George Busick	Address Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 4201
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT <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.) Hamilton	20f. CITY, TOWN, OR LOCATION Hamilton	COUNTY Caldwell	STATE Mo.
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21. I attended the deceased from **home**, to _____ and last saw ^{her}/_{him} alive on **March 1958**
Death occurred at **7:30** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank R. Daley, MD	(Degree or title) _____	22b. ADDRESS Hamilton, Missouri	22c. DATE SIGNED 7/31/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-2-1958	23c. NAME OF CEMETERY OR CREMATORY Radical - New York Twp. - Caldwell Co., Mo.	23d. LOCATION (City, town, or county) (State) Caldwell Co., Mo.
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24. FUNERAL DIRECTOR Morris A. Baum	ADDRESS Hamilton	25. DATE RECD. BY LOCAL REG. 7-31-58	26. REGISTRAR'S SIGNATURE Gladys Jones
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

AUG 8 1958

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 *Morris A. B...*
Licensed Embalmer No. *3918*
P. O. Address *Hamilton*

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.