

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000509  
STATE FILE NUMBER

FILED FEB 5 1959

Registration District No. 52 Primary Registration District No. 3010 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN ORAN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) NONE
3. NAME OF DECEASED (Type or print) First Middle Last HARRIETT R. PHEGLEY			4. DATE OF DEATH Month Day Year JANUARY 14 1959
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 OCT. 11 1879
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (City and state or country) RED BUD ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Wm. HENRY McCLANAHAN		13b. MOTHER'S MAIDEN NAME JULIA GOEDARE	14. NAME OF HUSBAND OR WIFE JOSEPH D. PHEGLEY
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 Address MRS. FRANCES GOLIGHTLY ORAN, 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) <u>Cerebral vascular accident</u>  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) 331x			INTERVAL BETWEEN ONSET AND DEATH 4 days
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 <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 <u>1-10-59</u> to <u>1-14-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>1-14-59</u> Death occurred at <u>6:35 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles F. Wilson</u> (Degree or title)		22b. ADDRESS <u>717 Broadway Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>1-27-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 17 1959	23c. NAME OF CEMETERY OR CREMATORY Union Park Cemetery	23d. LOCATION (City, town, or county) (State) Chaffee Mo.
24. FUNERAL DIRECTOR <u>Carl Smith</u>	ADDRESS Oran, Mo.	25. DATE RECD. BY LOCAL REG. Jan 29, 1959	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *Earl J. Smith* .....

Licensed Embalmer No. *2676* .....  
P. O. Address *Over, 916* .....

**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.**