Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-001871
STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN Warrensburg Twn. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center Length of stay in 1b 63 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Rural # 5 Warrensburg Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural # 5 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Walter Middle (None) Last Phenix

4. DATE OF DEATH Month Feb. Day 1 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH Jan. 8, 1879

9. AGE (In years last birthday) 80 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Livestock-Grain

11. BIRTHPLACE (City and state or country) Carlyle, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William H. Phenix

13b. MOTHER'S MAIDEN NAME Eunice Ennis

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give dates of service) None

16. SOCIAL SECURITY NO. 494-16-8790A

17. INFORMANT Mrs Mabel Wright Address Warrensburg, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7-9-1957, to 2-1-59 and last saw her/him alive on 2-1-59
Death occurred at 2-1-59 @ 2:45A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. Ledere, M.D. (Degree or title)

22b. ADDRESS Warrensburg, Mo

22c. DATE SIGNED 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 3, 1959

23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery

23d. LOCATION (City, town, or county) Warrensburg, Mo. (State)

24. FUNERAL DIRECTOR Sweeney-Phillips-Warrensburg, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. Feb. 3, 1959

26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 10 1959

FEB 11

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 John A. Lodges

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Miss

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.