

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020120
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 59

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 E. N. Main		Length of stay in lb 11 yrs.	d. STREET ADDRESS (If outside, give location) 201 E. N. Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Addie Middle Mary Last Phegley			4. DATE OF DEATH Month May Day 27 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Prairie DuRocher, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Constant Vaillant		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE deceased	
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. XXXXXXXXXXXX		17. INFORMANT Address Jewell Phegley Ft. Smith, Ark.	
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 Failure					INTERVAL BETWEEN ONSET AND DEATH 12 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rt.-Sided Heart Failure					18 mo.
DUE TO (c) Bronchiogenic Carcinoma (Rt.) 1621					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1.) Cholecystitis & Cholelithiasis (2.) Glomerulo Nephritis					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
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 July 1957 to May 27, 1959 and last saw her ^{her} ₅₀₀ alive on May 27, 1959 Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) 2		22b. ADDRESS 19 N. Walnut Dexter, Mo.	
22c. DATE SIGNED 5-29-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-29-59		23c. NAME OF CEMETERY OR CREMATORY Forrest Hill Cemetery	
				23d. LOCATION (City, town, or county) (State) Moreley, Missouri	
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 6-2-59	
				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Mark Withers*

Licensed Embalmer No. *4717*

P. O. Address *Pexter 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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