MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-000032
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 46

FILED FEB 13 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 11 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stickler Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Sullivan
c. CITY OR TOWN: Green Castle — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): No street address — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Catherine Last: Pherigo
4. DATE OF DEATH: Month: February Day: 4 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 1/12/1875
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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: Own home
11. BIRTHPLACE (City and state or country): Kingsport, Tenn.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jonathan White
13b. MOTHER'S MAIDEN NAME: Amanda Conkin
14. NAME OF HUSBAND OR WIFE: Riley Pherigo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Henry Bookout, Green City, Mo.

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): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocarditis--chronic — 2-3 yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

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 Mar. 26, 1961 to Feb. 4, 1962 and last saw her alive on Feb. 4, 1962
Death occurred at 2:35 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R O Stickler MD
22b. ADDRESS: 107 E. Harrison, Kirksville, Mo.
22c. DATE SIGNED: 2/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/6/1962
23c. NAME OF CEMETERY OR CREMATORY: Green Castle Cemetery
23d. LOCATION (City, town, or county) (State): Green Castle, Mo.

24. FUNERAL DIRECTOR ADDRESS: Glenn E. Kent & Son, Green City, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 8, 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

R.O. STICKLER, M.D.

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.