# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 69 — 62-016153 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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23350
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF DOCUMENT

FILED MAY 14 1962

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho — Length of stay in 1b: 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sales Memorial — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Oklahoma b. COUNTY: Delaware
c. CITY OR TOWN: Grove — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 519 So Main — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charley Middle: (n) Last: Phenix
4. DATE OF DEATH: Month: May Day: 3 Year: 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-30-1891
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months 1 Days 4 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Cattleman
11. BIRTHPLACE (City and state or country): Ottowa Co. Okla., Oklahoma
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Phenix
13b. MOTHER'S MAIDEN NAME: Mary Patterson
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: yes
17. INFORMANT: Dow Phenix, Grove, Okla. Address:

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Decompensation
DUE TO (c): Chronic Myocarditis.
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 4-1-61 to 5-3-62 and last saw ~~her~~ him alive on 5-3-62
Death occurred at 7 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. L. Blankenship (Degree or title): M.D.
22b. ADDRESS: Neosho Missouri
22c. DATE SIGNED: 5/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-6-62
23c. NAME OF CEMETERY OR CREMATORY: Olympus Cemetery
23d. LOCATION (City, town, or county): Grove, Okla.

24. FUNERAL DIRECTOR: Worley Funeral Home, Grove, Okla. ADDRESS:
25. DATE RECD. BY LOCAL REG.: 5-8-62
26. REGISTRAR'S SIGNATURE: Melvin Bowman by D. Belka

(Licensed Embalmer's Statement on Reverse Side)

**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 S Eulorley J

Licensed Embalmer No. 927 akla

P. O. Address Grove akla

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.