

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

12598

Registration District No. 821

Primary Registration District No. 4553 6-10

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott  
 (b) City or town Rural - Richland Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 50 years  
 years, months or days)

3. (a) PRINT FULL NAME Jacob Phegley 240  
 8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Julia Phegley 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased October 9 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 4 23 hr. min.

9. Birthplace Modac Illinois  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Operated Sawmill

11. Industry or business  
 MOTHER FATHER { 12. Name Gipp Phegley  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Olto Phegley  
 (b) Address Vanduser, Missouri  
 17. (a) Burial (b) Date thereof 3 - 3 - 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Whitney's Funeral  
 (b) Address Sikeston, Missouri  
 19. (a) 4-5-1940 (b) Olto Phegley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
 (c) City or town Sikeston - Rural  
 (If outside city or town limits, write "RURAL")  
Route 2  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
 year 1940 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7/4, 1940, to 3/2, 1940  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. Schmitt (M. D. or other) MD  
 Address Sikeston Date signed 3/4/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Office

District File Number 440

Date Filed 4/8/81

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Harvey S. Johnson*

Licensed Embalmer No.

3704

P. O. Address

Sixton, NY

**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 this body is not embalmed, above space should be left blank.**