S. No. 2
M—1/47
v. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18404

Registration District No. 335 | Primary Registration District No. 429-4492 | Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Oran (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scott 160
(c) City or town: Oran (If outside city or town limits, write "RURAL") 40
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Joseph Daniel Pheghey
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harriet McChanahan
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Sep. (Month) 26 (Day) 1859 (Year)

8. AGE: Years 88 | Months 7 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Modoc (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....

MOTHER FATHER
12. Name: Gibson Pheghey
13. Birthplace: (City, town, or county) Ill (State or foreign country)
14. Maiden name: Wills
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: M J Pheghey
(b) Address: Oran Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Park Chaffee Mo
18. (a) Signature of funeral director: Bispinghoff Funeral Home
(b) Address: Chaffee Mo
19. (a) 5/19/48 (Date received from registrar) (b) G B MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 5 day: 16 year: 1948 hour: 11 minute: P M.
21. I hereby certify that I attended the deceased from Feb 1948 to 5/16 1948 that I last saw him alive on 5-16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	9
Due to	
Due to	
Other conditions: Arthritis (Include pregnancy within 3 months of death)	9
	9

Major findings:
Of operations: 92 F.
Of autopsy: X

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: J A Clem (M. D. or other)
Address: Oran Mo Date signed: 5/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 6-48-690
Date Filed 6-1-48

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 Maurice Burlingloff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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 this body is not embalmed, fact should be so stated above.