

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 10 1949

No. 300  
10-48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>410 N. Main ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 N. Main ST.</u>		d. STREET ADDRESS (If rural, give location) <u>410 N. Main ST.</u>	
3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>Belle</u> c. (Last) <u>Phoenix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10, 1887</u>
9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
13a. FATHER'S NAME <u>Lewis Moss</u>	13b. MOTHER'S MAIDEN NAME <u>Tisha Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Charlie Phoenix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlie Phoenix Warrensburg, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic regurgitation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4211</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-29, 1949</u> to <u>9-29, 1949</u> , that I last saw the deceased alive on <u>9-29, 1949</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Lee Cooper MD</u> (Degree or title)		23b. ADDRESS <u>Warrensburg</u>	23c. DATE SIGNED <u>9-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 1, 1949</u>	REGISTRAR'S SIGNATURE <u>Sasannah Butler</u>	25. FUNERARY DIRECTOR'S SIGNATURE <u>W. Saunders</u>	ADDRESS <u>Warrensburg, Mo.</u>

RECEIVED  
OCT 3 1949  
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JOHNSON COUNTY HEALTH DEPT.

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 \_\_\_\_\_

*Elmer D. Fink*

Student Embalmer No. 340

working under my personal supervision.

Student *Elmer D. Fink*  
Student Embalmer

Signed *W. B. Bauder*  
Licensed Embalmer No. 3377

P. O. Address *Wrensburg 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.