S. No. 300
V. 10.48

136 W
0

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8000

BIRTH NO. 134023-51 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 19 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Truesdale 1090
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Bonnie b. (Middle) Jean c. (Last) Pherigo
4. DATE OF DEATH (Month) (Day) (Year): March 14, 1951
5. SEX: female /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: Mar. 14, 1951
9. AGE (In years last birthday): If under 1 year: Months / Days / If under 24 hrs.: Hours 19 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Wilbur Troy Pherigo
13b. MOTHER'S MAIDEN NAME: Gladys Young
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)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Troy Pherigo ADDRESS: Truesdale, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity – Maternal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hydromnios –

DUE TO (c) Congenital Atelectasis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Asphyxia 7625

INTERVAL BETWEEN ONSET AND DEATH: 19h

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Twin
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1951, *to* March 14, 1951, *that I last saw the deceased alive on* March 14, 1951, *and that death occurred at* 10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) [illegible]
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: 3-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3-16-51
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Warren County, Mo.

DATE REC'D BY LOCAL REG.: Mar. 15, 1951
REGISTRAR'S SIGNATURE: [illegible] 99 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F.W. Nieburg & Co., Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 17 1951

DISTRICT HEALTH OFFICE No. 4

File No. .....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed John J. Lieberg

Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo

Signed .....
Student Embalmer

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.