

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37089

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3023 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>0422</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> <u>0422</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton, Henry Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weizel Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Ray</u> c. (Last) <u>Pheil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1951</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 18, 1895</u>
9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Calhoun, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Wm. O. Pheil</u>	
13b. MOTHER'S MAIDEN NAME <u>Effie Button</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Wiggins Pheil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War One</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Pheil, Clinton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis of femoral vein</u> DUE TO (c) <u>a possible malignancy in retroperitoneal area along lumbar vein</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>463x</u>	
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) m.	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>11-5-51</u> , to <u>11-12</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>W.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>Nov 13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 15, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov-15-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>422</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature], Clinton, Mo</u>	

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

RECEIVED 11 9 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____ 1951

OCT 29 1954

MAR 17 1952

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, ~~as by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *H. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.