

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2319

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6967 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>WESTON</u> <u>western</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>WESTON</u> <u>1830</u> | |
| c. LENGTH OF STAY (In this place) <u>50 yr.</u> | | d. STREET ADDRESS (If rural, give location) <u>NONE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>W</u> c. (Last) <u>PHARIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15 52</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 30, 1874</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days |
| 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 <u>FARM</u> | 11. BIRTHPLACE (State or foreign country) <u>FALMOUTH, KY</u> | 12. CITIZEN OF WHAT COUNTRY? | |

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| 13a. FATHER'S NAME <u>STEPHENS J. PHARIS</u> | | 13b. MOTHER'S MAIDEN NAME <u>NORA SCOTT</u> | | 14. NAME OF HUSBAND OR WIFE <u>NORA F. STEPHENS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GEO. PHARIS WESTON, MO</u> | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of mastoid area</u> | | |
| | ANTECEDENT CAUSES <u>Epithelioma of Mastoid area</u> DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Prostatitis and Uremia</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>191X</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) | 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 June, 1951, to Jan 15, 1952, that I last saw the deceased alive on Jan 14, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|-----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> D.O. | 23b. ADDRESS <u>Weston, Mo</u> | 23c. DATE SIGNED <u>1-16-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-17-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>WESTON MO</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 17-52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>VAUGHN FUNERAL HOME WESTON MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. P. Thompson

Licensed Embalmer No. _____

P. O. Address _____

W. P. Thompson

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.

