

STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1952

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri TOWNSHIP	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 1/2 mi. north of Ironton	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) ETHEL c. (Last) PHIFER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1952		
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 29
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucius Phifer
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lois Koenig, Ironton Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration		1 yr
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1. 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1. 10P m., from the causes and on the date stated above.

23a. SIGNATURE J.H. McIntosh M.D.	(Degree or title)	23b. ADDRESS Ironton Mo.	23c. DATE SIGNED Feb 29 1952
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24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE 2-29-52	24c. NAME OF CEMETERY OR CREMATORY K. P. Cemetery	24d. LOCATION (City, town, or county) (State) Ironton Mo.
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DATE REC'D BY LOCAL REG. Feb 29 1952	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ronald J. White

Signed.....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Quinton, 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.