.300
.48

FILED JUL 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25470

BIRTH NO. 44510-53 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dry Nob 0530
d. STREET ADDRESS (If rural, give location) Rural Route 0

3. NAME OF DECEASED (Type or Print)
a. (First) Donnie
b. (Middle) Jay
c. (Last) Phares

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1953

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH July 20 1953
9. AGE (In years last birthday) —
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lebanon Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A. G. Phares
13b. MOTHER'S MAIDEN NAME Maxine Evans
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 A. G. Phares
ADDRESS Dry Nob Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH 2 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) forceps delivery occiput posterior
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1st of twin boys born — 7610

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Baby took two gasps but did not breathe more
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* 7-20-, 1953, *to* 7-20-, 1953, *that I last saw the deceased alive on* 7-20-, 1953 *and that death occurred at* 2:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE B. B. Hurst (Degree or title) M.D.
23b. ADDRESS Lebanon Mo.
23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/22/53
24c. NAME OF CEMETERY OR CREMATORY Savannah Mo. Cem
24d. LOCATION (City, town, or county) (State) Savannah Mo.

DATE REC'D BY LOCAL REG. 7-22-1953
REGISTRAR'S SIGNATURE Nella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE W. E. Holman
ADDRESS Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received JUL 25 1959
Laclede County Health Unit
File No. 7-53-119
Date Filed JUL 28 1959

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 Dorsey M. Howe

Signed _____
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.