

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19620**

FILED JUL 5 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>169</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>37 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1916 So. Park</u>		d. STREET ADDRESS (If rural, give location) <u>1916 So. Park</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Phifer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Feb. 19 - 1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Shop</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reclaim Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co. (Colecamp)</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles Phifer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Holloway</u>		14. NAME OF HUSBAND OR WIFE <u>Adela Phifer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-16-0504</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sam Knapp</u> ADDRESS <u>Sedalia</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial insufficiency</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 <u>Feb 15</u> , 19 <u>54</u> , to <u>June 24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 20</u> , 19 <u>55</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. Willbur</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>6-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive cem</u>
24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u> ADDRESS <u>Sedalia</u>		
DATE REC'D BY LOCAL REG. <u>6-27-55</u>		REGISTRAR'S SIGNATURE <u>Levina Corbett</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1935

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 James R. Ashen
Licensed Embalmer No. 4930

P. O. Address Scdalia, 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.