

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39364

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY OR TOWN <u>Marshall</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>778 South Odell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doris</u>	b. (Middle)	c. (Last) <u>Phegley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1955</u>
--	-------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 26, 1925</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 1 HR. Hours <u>3</u> Min.
----------------------	-------------------------------	---	---------------------------------------	---	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fristoe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Jesse H. Phegley</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Day</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-20-0234</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Helen Wright</u>	ADDRESS <u>Marshall, Mo.</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, asthenia, 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) <u>Subacute Renal Nephrosis</u>		<u>5 weeks 10 mon.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe myocardial damage caused by (B)</u>			<u>1 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no.</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 7 Oct, 1955, to 29 Nov, 1955, that I last saw the deceased alive on 29 Nov, 1955, and that death occurred at 4:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. McCorkle M.D.</u> (Degree or title)	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>29 Nov 55</u>
--	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fristoe, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fristoe, Missouri</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Nov. 29-55</u>	REGISTRAR'S SIGNATURE <u>Cecil J. Reed</u>	385 Deputy	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>	ADDRESS <u>Marshall, Mo.</u>
--	--	---------------	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1951 9 25

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
Signature of Student Embalmer

Signed *W. Campbell Jr.*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.