

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1957

State File No. **30553**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **6118** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY OR TOWN Rural Highway # P		c. CITY OR TOWN PERKINS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Same			

3. NAME OF DECEASED (Type or Print)	a. (First) RAHPH	b. (Middle) DANIEL	c. (Last) PHEGLEY	4. DATE OF DEATH (Month) (Day) (Year) AUG. 5, 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH JAN. 2, 1941	9. AGE (In years last birthday) 16	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 Wk. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student-Laborer	10b. KIND OF BUSINESS OR INDUSTRY School-Farm	11. BIRTHPLACE (City and State or Foreign Country) PERKINS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM H. PHEGLEY	13b. MOTHER'S MAIDEN NAME ERGIE WILLS	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Bernard Wallitt, Perkins, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury, Crushed right chest		
	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.		8240	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	32	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 mi. So. of Perkins	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural-Sylvania Twp. Scott MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 5, 1957. 10:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from fender of truck & was run over
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22. I hereby certify that I attended the deceased from **First call**, after **10** days after death, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:45** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Julius C. Beckthorn, M.D. Health Officer	23b. ADDRESS Benton Mo	23c. DATE SIGNED 8-10-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/8/57	24c. NAME OF CEMETERY OR CREMATORY WILLIAMS CEMETARY	24d. LOCATION (City, town, or county) (State) Perkins MO
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DATE REC'D BY LOCAL REG. 8-14-57	REGISTRAR'S SIGNATURE Mustard Bregling	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs. Lloyd S. Moyer, In Advance
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(Licensed Embalmer's Statement on Reverse Side)

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

14

mo.

DATE RECEIVED AUG 19 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 857-179

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 Wm H. Morgan

Licensed Embalmer No. 46

P. O. Address Advance

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.