

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-046906
State File No.

FILED DEC 31 1958

BIRTH NO. _____		REG. DIST. NO. <u>328</u>	PRIMARY REG. DIST. NO. <u>3073</u>	Registrar's No. <u>40</u>
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>CHAFFEE</u>		c. LENGTH OF STAY (in this place) <u>2 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 S. THIRD ST.</u>		d. STREET ADDRESS (If rural, give location) <u>206 S. THIRD ST.</u>		
3. NAME OF DECEASED a. (First) <u>CONNIE</u>		b. (Middle) <u>RAE</u>	c. (Last) <u>PHEGLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 21 1958</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. 24, 1947</u>	9. AGE (In years last birthday) <u>11</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SIKESTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT WILLARD PHEGLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIE LOUISE YOUNG</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALBERT W. PHEGLEY - CHAFFEE, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Collapse from shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute, complete, intestinal obstruction from adhesive Band of ilium</u> DUE TO (c) <u>Abdominal adhesions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Viral Enteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>6 hrs.</u> <u>24 hrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5711</u>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	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>12-19, 1958</u> , to <u>12-21, 1958</u> , that I last saw the deceased alive on <u>12-21, 1958</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. N. Schmeizer</u>		(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Chaffee, mo</u>	23c. DATE SIGNED <u>12/22/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec. 23, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILLS MEM. CEM. (NEAR) MORLEY (SCOTT), MO.</u>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>12-23-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Bisplinghoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

CO. FILE NO. 158-299

SCOTT CO. HEALTH DEPT.

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 Jack T. Burnett
Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.