Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005323
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rt. 1 Calhoun — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt. 1 Calhoun — Length of stay in Ib 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Rt. 1 Calhoun c. 420 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1 Calhoun — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Garrett Middle: A Last: Phifer
4. DATE OF DEATH Month: Feb. Day: 26 Year: 1959
5. SEX M. c.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 1-25-1886
9. AGE (In years if over 1 year; if under 1 year, give months or days; if under 24 hrs., give hours or min.) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —?
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Cole Camp, Mo. c
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles S. Phifer
13b. MOTHER'S MAIDEN NAME Mary Ellen
14. NAME OF HUSBAND OR WIFE ANNA Marie Rosebrock
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. 500-03-4294A
17. INFORMANT Leonard Phifer Address Windsor, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) found in timber by Grandson
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) position was on left side; brush fire around the body. Apparently died
DUE TO (c) from natural causes and fire started shortly after death. Superficial burns
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) on exposed area of body only. 7951
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from no medical attendant, to and last saw her/him alive on 2-26-59
Death occurred at Approx 5 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Bradshaw (Degree or title) (Henry Co Coroner) 3
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 3-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-1-1959
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Laurel Oak
23d. LOCATION (City, town, or county) (State) Windsor, Mo.

24. FUNERAL DIRECTOR Ellis Huston ADDRESS Windsor, Mo.
25. DATE RECD. BY LOCAL REG. 3-7-59
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Me

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.