

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010312

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 254 Primary Registration District No. 5867 Registrar's No. 5

5. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer Township		c. CITY OR TOWN Thayer Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Willard Franklin Phinns		4. DATE OF DEATH Month Day Year March 10, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 73
11a. BIRTHPLACE (City and state or country) Summersville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James E. Phinn		13b. MOTHER'S MAIDEN NAME Sibby Adeline Williards	
14. NAME OF HUSBAND OR WIFE Ella Phinns		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Ella Phinns, Thayer, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis - Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>490X</u>		
20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION	20f. COUNTY	20g. STATE	
21. I attended the deceased from <u>Sept '57</u> to <u>Mar 15 '59</u> and last saw her alive on <u>Mar 15 '59</u> Death occurred at <u>2:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Yvonne E. Lytle M.D.</u>		22b. ADDRESS <u>Mammoth Spring, Ark.</u>	
22c. DATE SIGNED <u>3-23-59</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Norran Cemetery</u>	
23b. DATE <u>3-15-1959</u>		23c. LOCATION (City, town, or county) (State) <u>Oregon County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Glenn Carter</u>		25. DATE RECD. BY LOCAL REG. <u>3-27-59</u>	
26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>			

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 *Samuel Carter* .....

Licensed Embalmer No. *4516* .....  
P. O. Address *Shreveport, La.* .....

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.