

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039930

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 443

FILED OCT 24 1962

VS 300
Rev. 4/59

0940

20940

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iron Mountain		Length of stay in 1b life	c. CITY OR TOWN Iron Mountain Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION general delivery		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) general delivery Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALLEN JOSEPH PHEGLEY			4. DATE OF DEATH Month Day Year Oct. 13 1962
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 June 10 1919
9. AGE (last birthday) 43		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mill maintenance		10b. KIND OF BUSINESS OR INDUSTRY iron mine	11. BIRTHPLACE (City and state or country) Oran Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John C. Phegley	
13b. MOTHER'S MAIDEN NAME Grace McClanahan		14. NAME OF HUSBAND OR WIFE Norma Sikes Phegley	
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. [REDACTED]	17. INFORMANT Address Norma Phegley, Iron Mtn. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) possible skull fracture, & broken neck			INTERVAL BETWEEN ONSET AND DEATH D.O.A.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) fell from tree onto roof of house, while	
20c. TIME OF INJURY Hour a.m. 9:00 Month, Day, Year 10-13-62		trimming tree	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Iron Mtn. Lake St Francois Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ted Boyer</i> (Degree or title) Coroner		22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 10-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-15-62	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Bismarck, Mo.
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Iron ton Mo.		25. DATE RECD. BY LOCAL REG. Oct. 16, 1962	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 28 1962

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 Max H. White

Licensed Embalmer No. 5077

P. O. Address Denton, Mo.

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.