

FILED SEP 11 1968
CERTIFICATE OF DEATH

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 864

DECEASED—NAME FIRST MIDDLE LAST ALICE MAE PHEGLEY			SEX fem	DATE OF DEATH (MONTH, DAY, YEAR) Aug. 29 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) white		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 52	UNDER 1 YEAR UNDER 1 DAY MOS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) Sept. 8 1915	COUNTY OF DEATH Madison
CITY, TOWN, OR LOCATION OF DEATH Fredericktown		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Madison Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Mo.		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Riley Phegley		SOCIAL SECURITY NUMBER no			
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) at home		KIND OF BUSINESS OR INDUSTRY own home			
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION Mo. St. Francois Iron Mountain		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	STREET AND NUMBER general delivery		
FATHER—NAME FIRST MIDDLE LAST John McEntire		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary Brown			
INFORMANT—NAME Riley Phegley			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Iron Mountain, Missouri		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE RHEUMATIC HEART DISEASE					9 yrs
(b) DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					NO
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR 1-10-67	MONTH DAY YEAR 8-29-68	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 8-29-68	I DID/DID NOT VIEW THE BODY AFTER DEATH. NO
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	MONTH DAY YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. PM 6:25
CERTIFIER—NAME (TYPE OR PRINT) C. E. CARLETON, M.D.		SIGNATURE C. E. Carleton	DEGREE OR TITLE MD	DATE SIGNED (MONTH, DAY, YEAR) 9-3-68	
MAILING ADDRESS—CERTIFIER FARMINGTON, MO.		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
BURIAL, CREMATION, REMOVAL (SPECIFY) removal		CEMETERY OR CREMATORY—NAME Woodlawn Cemetery		LOCATION CITY OR TOWN STATE Flat River Missouri	
DATE (MONTH, DAY, YEAR) Sept. 1 1968		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP White Funeral Home 156 S. Main Ironton Mo. 63650	
FUNERAL DIRECTOR—SIGNATURE Amel White		REGISTRAR—SIGNATURE U. B. Satterfield by Pen		DATE RECEIVED BY LOCAL REGISTRAR 9-9-68	

DO NOT WRITE ON THIS STUB

9. 1
10a. 52
10b.
11. 0
12. 1
13. 398x
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4. 0621

5. 1

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

CAUSE

CERTIFIER

BURIA

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 17 1968

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 Alice White

Licensed Embalmer No. 3011

P. O. Address Sancton 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.