

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1949

4482 State File No. 7087

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6100</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>SCOTLAND</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>MEMPHIS</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>	
a. STATE <u>Mo</u>		b. COUNTY <u>SCOTLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MEMPHIS</u>		d. STREET ADDRESS (If rural, give location) <u>D O</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>CHARLES</u>			b. (Middle) <u>PFLANZ</u>			c. (Last) <u>PFLANZ</u>	
6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>JULY 10 1860</u>	
9. AGE (In years last birthday) <u>88</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13. FATHER'S NAME <u>NOT KNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>BERTHA PFLANZ</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Pfanz</u>			ADDRESS <u>Memphis, Mo.</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) <u>Acute Myocarditis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Arteriosclerosis</u>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>401</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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>Feb 8, 1949</u> , to <u>Feb 8, 1949</u> , that I last saw the deceased alive on <u>Feb 8, 1949</u> , and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree printed) <u>A.M. Meethler D.O.</u>				23b. ADDRESS <u>Memphis, Mo.</u>		23c. DATE SIGNED <u>2-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SCOTLAND Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/13/49</u>		REGISTRAR'S SIGNATURE <u>W.M. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Payne & Sons</u>		ADDRESS <u>Memphis</u>	

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

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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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis, T*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.