

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1949

State File No. 26054

|  |                       |   |   |  |  |  |   |  |
|--|-----------------------|---|---|--|--|--|---|--|
| BIRTH NO. _____  |                       | REG. DIST. NO. 15   |   | PRIMARY REG. DIST. NO. 3004  |  | Registrar's No. 37   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY BARTON  |                       |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE MISSOURI b. COUNTY BARTON |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR   |                       | c. LENGTH OF STAY (in this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR   |  | d. STREET ADDRESS (If rural, give location)                      |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                       |   |   | d. STREET ADDRESS  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) HANNAH   |                       |   | b. (Middle) VESTA                             |  | c. (Last) PAHLOW                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>AUGUST 15 1949                             |  |
| 5. SEX<br>F  | 6. COLOR OR RACE<br>W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>MARRIED   |   | 8. DATE OF BIRTH<br>NOVEMBER 1 1861  | 9. AGE (In years last birthday)<br>87      | IF UNDER 1 YEAR<br>Months  | IF UNDER 2 WKS.<br>Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>HOUSEWIFE   |                       | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (State or foreign country)<br>SPRINGFIELD, ILLINOIS   |  | 12. CITIZEN OF WHAT COUNTRY?<br>US                               |   |  |
| 13a. FATHER'S NAME<br>WILLIAM H. GOODRUM   |                       |   | 13b. MOTHER'S MAIDEN NAME<br>GEORGIANNA YOUNG |  | 14. NAME OF HUSBAND OR WIFE<br>JOHN PAHLOW |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |                       | 16. SOCIAL SECURITY NO.<br>NONE   |   | 17. INFORMANT'S SIGNATURE OR NAME<br>LESTER L. PAHLOW,   |  | ADDRESS<br>LAMAR, MO.  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                            |                       | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary attack</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>old age</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>sudden death</u><br><u>4201</u>          |  |
| 19a. DATE OF OPERATION   |                       | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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>May 1, 1949</u> to <u>Aug. 15, 1949</u> that I last saw the deceased alive on <u>July 15, 1949</u> , and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above. |                       |   |   |  |  |  |   |  |
| 23a. SIGNATURE <u>D.R. Gulchner M.D.</u> (Degree or title)   |                       |   |   | 23b. ADDRESS <u>LAMAR</u>  |  | 23c. DATE SIGNED <u>8-15-49</u>                                  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  |                       | 24b. DATE<br>Aug 18 1949  |   | 24c. NAME OF CEMETERY OR CREMATORY<br>LAKE CEMETERY  |  | 24d. LOCATION (City, town, or county) (State)<br>LAMAR, MISSOURI |   |  |
| DATE REC'D BY LOCAL REG.<br>AUG 18 1949  |                       | REGISTRAR'S SIGNATURE<br><u>Marie Konantz</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Marie Konantz</u>   |  | ADDRESS<br>KONANTZ FUNERAL HOME, LAMAR, MISSOURI                 |   |  |

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

RECEIVED AUG 23 1949

District Health Office No. 6,

District File Number 849-963

Date Filed 8-23-49

**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 \_\_\_\_\_

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed

Walter J. Konantz  
Student Embalmer

Signed

Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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