

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Conrad
State File No. 33595
Registrar's No. 207

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. CITY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield - Rural N. Campbell Twshp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 11</u>	
3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Peiffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8 1884</u>
9. AGE (In years last birthday) <u>65</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	
13a. FATHER'S NAME <u>Walter R. Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Baker</u>	
14. NAME OF HUSBAND OR WIFE <u>David Peiffer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David Peiffer, Rt # 11 Spfld, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>10 yrs.</u>		DUE TO (c) <u>Rheumatic Heart (valvular)</u> <u>50 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>4/16x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? 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) m.	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>Dec. 1945</u> , to <u>Oct 16, 1949</u> , that I last saw the deceased alive on <u>Oct 16, 1949</u> , and that death occurred at <u>3:50p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Conrad C. Conrad, M.D.</u>		23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	23c. DATE SIGNED <u>Oct 17, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-18-49</u>	REGISTRAR'S SIGNATURE <u>W. S. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Lohmeyer Springfield, Mo.</u>	

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

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.

Signed.....

Walter E. Hamilton

Signed.....

Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Burgfield N.C.*

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.