

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 632

BIRTH NO. _____		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 4145		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER			
b. CITY OR TOWN PRAIRIE HOME MO		c. LENGTH OF STAY (in this place) 86		c. CITY OR TOWN PRAIRIE HOME MO 6270		d. STREET ADDRESS _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRAIRIE HOME MO				(If rural, give location)			
3. NAME OF DECEASED a. (First) VINA PFEIFFER (Type or Print)			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH JAN 6 - 1950 (Month) (Day) (Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH APR 24 - 1861		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME FREDRICK HECKERMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE GUSTAVE PFEIFFER			
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. No		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Gus R. C. DeLoach, 414 Home Ave. Prairie Home, Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last:</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH (In days) <u>334X</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
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) (Min.) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Dickmege, M.D.</u>				23b. ADDRESS <u>Bronville, Mo.</u>		23c. DATE SIGNED <u>1/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>BRONVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1/9/50</u>		REGISTRAR'S SIGNATURE <u>U.T. Meredith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>6-Albert Hornbeck</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

270

RECEIVED JAN 10
District Health Officer No. _____
District File Number _____
Date Filed 1-12-50

JAN 21 1950

(over)
Handwritten signature/initials

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 to Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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 this body is not embalmed, fact should be so stated above.