

S. No. 300
v. 10.48
0800

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5600

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) ROUTE #4 - SEDALIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE #4 - SEDALIA		e. STREET ADDRESS (If rural, give location) ROUTE #4 - SEDALIA	

3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK b. (Middle) W c. (Last) PAHLOW			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1951		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 18, 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U	

13a. FATHER'S NAME William Pahlow		13b. MOTHER'S MAIDEN NAME Henrvilla Schmidt		14. NAME OF HUSBAND OR WIFE Mrs. Emma Pahlow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Pahlow, Rt. #4, Sedalia, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Arteriosclerosis		443x	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Dec 5, 1950, to Feb 21, 1951, that I last saw the deceased alive on Feb 21, 1951, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Hilt (Degree or title) M.D.		23b. ADDRESS Green Ridge, Mo.		23c. DATE SIGNED 2-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/23/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) Sedalia, Mo	

DATE REC'D BY LOCAL REG. 2/23/1951		REGISTRAR'S SIGNATURE A. J. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 51 W. Heckart Sedalia, Mo	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

D. W. HECKART GILLESPIE FUNERAL HOME MAKE A PERMANENT RECORD! WRITE PLAINLY—USING UNFADING BLACK INK—

RECEIVED

3-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-6-51

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 *Ray L. Fuller*

Licensed Embalmer No. 4818

P. O. Address *Adala, 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.