

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2 9mo. 15 30 25 State File No. 26727
Registrar's No. 32

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5-5-51

1. PLACE OF DEATH a. COUNTY: <u>Howell</u> <u>046.0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Mo</u> b. COUNTY: <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>West Plains Mo.</u>	
c. LENGTH OF STAY (In this place): _____		d. STREET ADDRESS (If rural, give location): <u>P.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____			

3. NAME OF DECEASED (Type or Print) a. (First): <u>Mary</u> b. (Middle): <u>Lue</u> c. (Last): <u>Pfister</u>			4. DATE OF DEATH: (Month) (Day) (Year) <u>6-1-1951</u>		
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Baby</u>	8. DATE OF BIRTH: <u>March 16-51</u>	9. AGE (In years last birthday): <u>2</u>	10. MONTHS: <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): _____		10b. KIND OF BUSINESS OR INDUSTRY: _____		11. BIRTHPLACE (State or foreign country): <u>Mo. Howell</u>	
12. CITIZEN OF WHAT COUNTRY: <u>USA</u>					

13a. FATHER'S NAME: <u>Silas Pfister</u>		13b. MOTHER'S MAIDEN NAME: <u>Agnes Jurgens</u>		14. NAME OF HUSBAND OR WIFE: _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO.: _____		17. INFORMANT'S SIGNATURE OR NAME: <u>Silas Pfister, West Plains 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Basillary Dysentery</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH: _____
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) <u>0454</u>	
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 May 31, 1951 to 6-1, 1951, that I last saw the deceased alive on 6-1, 1951, and that death occurred at 1:30P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): <u>Dr. Richard A. Smith D.O.</u>		23b. ADDRESS: <u>West Plains, Mo.</u>		23c. DATE SIGNED: <u>6/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>B</u>	24b. DATE: <u>6-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Howell Valley</u>	24d. LOCATION (City, town, or county) (State): <u>West Plains Mo. Howell</u>		
DATE REC'D BY LOCAL REG.: <u>8-14-51</u>		REGISTRAR'S SIGNATURE: <u>Beatrice Cook 379</u>		25. FUNERAL DIRECTOR'S SIGNATURE: <u>Robertson, West Plains Mo</u>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 21 1951

Dist. File 85-1539

Date Filed 8-28-51

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.....

Licensed Embalmer No.....

P. O. Address.....

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.