

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41970**

FILED DEC 24 1952

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

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boles Twp.		c. LENGTH OF STAY (In this place) 50 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #1 Labadie, Mo.		d. STREET ADDRESS (If rural, give location) On Hwy. 50 RFD Labadie, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) TREFFINGER c. (Last) TREFFINGER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1869
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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 (City and State or Foreign Country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Chris Treffinger	
13b. MOTHER'S MAIDEN NAME Elizabeth Weldermuth		14. NAME OF HUSBAND OR WIFE Paulina Treffinger	
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 Paulina Treffinger		ADDRESS Labadie, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart and circ. system. ANTECEDENT CAUSES DUE TO (b) ch. Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ch. or Throat			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
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 <u>1948</u> to <u>Dec. 11</u> , 1952, that I last saw the deceased alive on <u>Dec 2</u> , 1952, and that death occurred at <u>11:50</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. T. [Signature]		23b. ADDRESS Washington Mo	
23c. DATE SIGNED 12/12/52			
24a. BURIAL / CREMATION / REMOVAL (Specify) Burial		24b. DATE 12-15-52	
24c. NAME OF CEMETERY OR CREMATORY St. Bridget's Cam.		24d. LOCATION (City, town, or county) (State) Pacific, Mo	
DATE REC'D BY LOCAL REG. Dec. 14-52		REGISTRAR'S SIGNATURE Mary B. Gross	
25. FUNERAL DIRECTOR'S SIGNATURE Geo. S. [Signature]		ADDRESS Pacific, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Jno. L. Thibbes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.