

D. H. Denton THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2427**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **16**

5781
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Demissot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Hayti		c. LENGTH OF STAY (in this place) 2 wk	
c. CITY (If outside corporate limits, write RURAL, and give township) Rural		d. STREET ADDRESS (If rural, give location) Rt 1 Elsenore Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Demissot County Memorial Hosp.		e. CITY (If outside corporate limits, write RURAL, and give township) 0180	
3. NAME OF DECEASED a. (First) Edward b. (Middle) Minard c. (Last) Pfeffer		4. DATE OF DEATH (Month) (Day) (Year) Jan 31, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH May 7, 1883
9. AGE (In years last birthday) 69		10. AGE (If under 1 year) (Month) (Day) (Hour) (Min.) 8 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Union Town Ky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Pfeffer		13b. MOTHER'S MAIDEN NAME Lucinda Mills	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or other service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lee Edward Pfeffer Hayti Mo Rt 1	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio Sclerosis 10 yrs DUE TO (c) Hypertension 5 yrs 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 checked="" type="checkbox"/>		331X	
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 1-1 , 19 53 , to 1/31 , 19 53 , that I last saw the deceased alive on 1-30 , 19 53 , and that death occurred at 12:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE D. H. Denton		23b. ADDRESS MO Hayti Mo	
23c. DATE SIGNED 1-31-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-2-53		24c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery	
24d. LOCATION (City, town, or county) (State) Carathersville, Mo		25. FUNERAL DIRECTOR'S SIGNATURE John St. German	
DATE REC'D BY LOCAL REG. 2-5-53		ADDRESS Hayti, Mo.	

2-50-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 9 - 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Raymond L. Suffie

Signed.....
Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Hayti, 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.