

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18678

State File No.

FILED JUN 12 1953

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 61

610
4

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hudson Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berwick Rural</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Pfeifer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>7-18-74</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomington Mo</u>	
13a. FATHER'S NAME <u>John G. Pfeifer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Longbine</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Pfeifer</u> ADDRESS <u>Berwick 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure & hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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) (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 1950, 19 , to 5-2-, 1953, that I last saw the deceased alive on 5-2-, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Durkin, Jr.</u> (Degree or title)		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>5/7/53</u>	
---	--	---------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bloomington Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Berwick Mo</u>	
---	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>6/1/53</u>		REGISTRAR'S SIGNATURE <u>F. M. McNeely</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. F. Edwards</u> ADDRESS <u>Berwick Mo</u>	
--	--	--	--	---	--

RECEIVED 6.8.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.53.111
Date Filed 6.10.53

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Lawyer, 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.