

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25853

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1409 So. Stewart</u>		e. STREET ADDRESS (If rural, give location) <u>1409 So. Stewart</u> ⁰⁸⁰⁷	

3. NAME OF DECEASED a. (First) ANNA b. (Middle) FRANKEN c. (Last) Pfeiffer 4. DATE OF DEATH (Month) (Day) (Year) July 31 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept 25 1892 9. AGE (In years last birthday) 60 10. IF UNDER 1 YEAR Months 10 Days 6 11. IF UNDER 24 HRS. Hours 10 Min. 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Tipton Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Franken 13b. MOTHER'S MAIDEN NAME Catherin Knipp 14. NAME OF HUSBAND OR WIFE Frank L. Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Rosemary Pfeiffer ADDRESS Sedalia

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Myocarditis MEDICAL CERTIFICATION END INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. diabetes Mellitus

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 3, 1952 to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 7:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE H. T. Golden (Degree or title) MD 23b. ADDRESS 1116 W. 2nd Sedalia Mo 23c. DATE SIGNED 8/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-3-1953 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) Sedalia Mo

DATE REC'D BY LOCAL REG. 8-3-53 REGISTRAR'S SIGNATURE A. J. Campbell 25. FUNERAL DIRECTOR'S SIGNATURE A. J. Campbell ADDRESS Sedalia
251-0 (Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
K.P. McLeary

Licensed Embalmer No. *3153*

P. O. Address *Salvia?*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.