

No. 300
10.48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

CUNNINGHAM 33625
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 937

1. PLACE OF DEATH
a. COUNTY GREENE
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY GREENE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD c. LENGTH OF STAY (In this place) 5 DAYS
c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. e. STREET ADDRESS (If rural, give location) 2127 N. ROBERSON 0396

3. NAME OF DECEASED a. (First) JOHN b. (Middle) ADAM c. (Last) PFISTER 4. DATE OF DEATH (Month) (Day) (Year) OCT. 8 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MARCH 21 1887 9. AGE (In years last birthday) 67 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) PAINTER 10b. KIND OF BUSINESS OR INDUSTRY PAINTING 11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH PFISTER 13b. MOTHER'S MAIDEN NAME NELLIE HAYES 14. NAME OF HUSBAND OR WIFE HELEN A. PFISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 1 16. SOCIAL SECURITY NO. 500-01-1642 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HELEN PFISTER SPRINGFIELD, 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) arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH
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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4300 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 June 19 52, to Oct 8, 1954 that I last saw the deceased alive on Oct 8, 1954 and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean Cunningham M.D. 23b. ADDRESS 1715 Booneville Springfield Mo. 23c. DATE SIGNED 10-11-54

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 24b. DATE 10/12/54 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) NATIONAL CEMETERY SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG. 10-11-54 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 195

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 *James L. Swadlow*

Licensed Embalmer No. *4816*

P. O. Address *Spring*

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.