

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9978

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5851		Registrar's No. 84		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give town or township) Quitman - rural			c. LENGTH OF STAY (in this place) 7 yrs.	c. CITY OR TOWN Quitman		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				e. STREET ADDRESS (If rural, give location) 1 mile south 0740				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) W.	c. (Last) PFEIL		4. DATE OF DEATH (Month) (Day) (Year) 3 16 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/27/78		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days 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 account	11. BIRTHPLACE (City and State or Foreign Country) Rock Port, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Pfeil		13b. MOTHER'S MAIDEN NAME Fredericks Traub		14. NAME OF HUSBAND OR WIFE Susie Ann Garner Pfeil				
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 ADDRESS Mrs. G. W. Pfeil, Quitman, Missouri					
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) Coronary sclerosis ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension severe				INTERVAL BETWEEN ONSET AND DEATH 30 min ? 2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) m.		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 12/4, 1952, to Mar. 16, 1956, that I last saw the deceased alive on 3/18, 1952, and that death occurred at 4:15A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 3/16/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/56	24c. NAME OF CEMETERY OR CREMATORY Hunter		24d. LOCATION (City, town, or county) (State) Rock Port, Missouri			
DATE REC'D BY LOCAL REG. 3-24 16		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Clem M. Pries*.....

Licensed Embalmer No. *182*.....

P. O. Address *Maryville*.....

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.