No. 300
10.48

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

FILED JUN 4 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16156

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 75

**1. PLACE OF DEATH**
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bethany Twp
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Minnesota ~~Missouri~~
b. COUNTY: Polk
c. CITY OR TOWN: Fosston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): do not know

**3. NAME OF DECEASED** (Type or Print)
a. (First): Gerald
b. (Middle): Franklin
c. (Last): Pfenning

**4. DATE OF DEATH** (Month) (Day) (Year): May 27 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 5-1-1913
**9. AGE** (In years last birthday): 43
IF UNDER 1 YEAR: Months: 0 Days: 23 IF UNDER 24 HRS.: Hours: Min.:
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Railroad Agent
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): unknown
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Charles Earl Pfenning
**13b. MOTHER'S MAIDEN NAME**: Etta Mae Lyons
**14. NAME OF HUSBAND OR WIFE**: Madine Pfenning
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): Yes. Navy World War II
**16. SOCIAL SECURITY NO.**: do not know
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Madine Pfenning Fosston, Minn.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic H.T. disease — per yrs.
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**: 4200
**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) m.:
**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 5-24, 1956, to 5-24, 1956, that I last saw the deceased alive on 5-24, 1956, and that death occurred at 11:P m., from the causes and on the date stated above.

**23a. SIGNATURE**: G.P. Sutherland (Degree or title): M.D.
**23b. ADDRESS**: Bethany Mo
**23c. DATE SIGNED**: 5/26/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 5-28-56
**24c. NAME OF CEMETERY OR CREMATORY**: Red Oak Cemetery
**24d. LOCATION** (City, town, or county) (State): Red Oak, Iowa.

DATE REC'D BY LOCAL REG.: May 28-56
REGISTRAR'S SIGNATURE: Zola Burris
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: W. Hess Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1958
JUL 24 1958
JUN 14 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Bethany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.