

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26102**

FILED SEP 10 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **949**

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 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) St Joseph | c. LENGTH OF STAY (in this place) 1 day | c. CITY OR TOWN Skidmore | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | e. STREET ADDRESS (If rural, give location) 0741 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) L c. (Last) Pfeiffer | 4. DATE OF DEATH (Month) (Day) (Year) 8/26/1956 |
| 5. SEX male 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married |
| 8. DATE OF BIRTH May 12, 1891 | 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker | 10b. KIND OF BUSINESS OR INDUSTRY Truck Hauling |
| 11. BIRTHPLACE (City and State or Foreign Country) Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Joseph Pfeiffer | 13b. MOTHER'S MAIDEN NAME Charity Moberly | 14. NAME OF HUSBAND OR WIFE Ada Pfeiffer |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ada Pfeiffer-Skidmore, Mo |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 24 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uterine obstruction | | |
| | ANTECEDENT CAUSES DUE TO (b) cause unknown DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 5705 | 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) | 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 **8/26**, 19**56**, to **8/26**, 19**56**, that I last saw the deceased alive on **8/26**, 19**56**, and that death occurred at **4 A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS 420 N 8th St Skidmore Mo | 23c. DATE SIGNED 8/29/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 8/29/1956 | 24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery |
| 24d. LOCATION (City, town, or county) Maryville Mo | | (State) |

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| DATE REC'D BY LOCAL REG. Sept 4, 1956 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Maryville Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

483

SEP 10 1956

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 *E. M. Alkhisar*.....

Licensed Embalmer No. *3279*.....

P. O. Address *Maryville, Tenn.*.....

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.