THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER 2381

Registration District No. 292 Primary Registration District No. 6004 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Hannibal — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) SAVERTON TOWNSHIP Residence R F D # 1 — Length of stay in Hospital	d. STREET ADDRESS SAVERTON TOWNSHIP (If outside, give location) R F D # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Louise	Middle: Dorthea Pabst	Last: Piefesel	4. DATE OF DEATH (Month, Day, Year)	January 21, 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: May 4, 1870	9. AGE (In years last birthday): 86	IF UNDER 1 YEAR: Months 8, Days 17; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Germany		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME: Henry Pabst		14. MOTHER'S MAIDEN NAME: Wilhemia Kuhlman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Anna Feith	Address: R F D #1 Hannibal	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Broncheal + Hypostatic Pneumonia — 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ~~Arteriosclerosis~~ Infection + Bedridden condition

DUE TO (c) Senility and general physical debility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fractured Hip - (Left) - 1950 - rendering bedfast.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 962X

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 12 1950, to Jan 21 1957 and last saw her/him alive on 1/20/57. Death occurred at 10:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sam A Buchanan (Degree or title) D.O. — 22b. ADDRESS 504 Broadway Hannibal Mo. — 22c. DATE SIGNED 1/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 1/24, 1957 — 23c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery — 23d. LOCATION (City, town, or county) (State): Ralls County Missouri

24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Hannibal Missouri — 25. DATE RECD. BY LOCAL REG.: 1/24/57 — 26. REGISTRAR'S SIGNATURE: Clyde C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4546

P. O. Address Hannibal Mi

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