No. 300
10-48

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

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Powell 25153

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 330

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Joplin
c. LENGTH OF STAY (in this place) 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Cherokee
c. CITY OR TOWN Baxter Sprgs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1824 East ave

3. NAME OF DECEASED (Type or Print)
a. (First) Leslie b. (Middle) Bert c. (Last) Pfeiler

4. DATE OF DEATH (Month) (Day) (Year) 7-6-57

5. SEX male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** Jan. 8 - 1900 **9. AGE** (In years last birthday) 57 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) Retired Butcher
10b. KIND OF BUSINESS OR INDUSTRY Lead + Zinc mining Field
11. BIRTHPLACE (City and State or Foreign Country) Ottawa County Okla
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W J Pfeiler
13b. MOTHER'S MAIDEN NAME Mary Ellen Haines
14. NAME OF HUSBAND OR WIFE Clarice Pfeiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. 445-01-9745
17. INFORMANT'S SIGNATURE OR NAME Mrs Clarice Pfeiler **ADDRESS** Baxter Sprgs Kans.

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) Carcinomatosis, Generalized — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Carcinoma Colon — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153.X

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **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* Aug, 1952 *to* 6-23, 1957, *that I last saw the deceased alive on* 7-6, 1957, *and that death occurred at* 12:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert Powell (Degree or title) MD **23b. ADDRESS** Galena Kans **23c. DATE SIGNED** 9 July 57

24a. BURIAL, CREMATION, REMOVAL (Specify) removal **24b. DATE** 7-6-57. **24c. NAME OF CEMETERY OR CREMATORY** Lowell Cemetery **24d. LOCATION** (City, town, or county) Lowell (State) Kansas

DATE REC'D BY LOCAL REG. 7/11/57 **REGISTRAR'S SIGNATURE** Dove Merriam **25. FUNERAL DIRECTOR'S SIGNATURE** Lance Wene **ADDRESS** Baxter Springs Kans.

(Licensed Embalmer's Statement on Reverse Side)

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Jasper County Health Dept.
County File Number 57-2-553
Date Filed JUL 15 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Wene Funeral Home, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Lance Wene

Licensed Embalmer No. 2880

P. O. Address Baxter Sp

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