

Health,
Welfare
Public
Service

FILED FEB 7 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 26

300
-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		c. CITY OR TOWN Hunnnewell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If outside, give location) R.#.D. #1	
3. NAME OF DECEASED (Type or print) First Lyndell Middle Diane Last Pfanner		4. DATE OF DEATH Month 1 Day 28 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/28/1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 8 MONTHS 2 DAYS 0
11. BIRTHPLACE (City and state or country) Hannibal Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Pfanner		13b. MOTHER'S MAIDEN NAME Elaine Shively	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE -----	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Charles Pfanner, Hunnewell, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed cerebrum DUE TO (b) Crushed skull DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Highway accident, in car struck parked truck from rear	
20c. TIME OF INJURY Hour 3:30 Month 1 Day 28 Year 58 am am p.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36		20f. CITY, TOWN, OR LOCATION 2 1/2 mi West Monroe city	
21. I attended the deceased from Death occurred at 6:00 P.M.		21. I attended the deceased from _____ to _____ and last saw her alive on _____	
22a. SIGNATURE Henry Sweet JMD		22b. ADDRESS Hannibal Mo	
22c. DATE SIGNED 1-31-58		22d. PLACE SIGNED Monroe City, Mo.	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 1/31/1958	23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.	23d. LOCATION (City, town, or county) (State) Monroe City, Mo.
24. FUNERAL DIRECTOR Harold Larned		25. DATE RECD. BY LOCAL REG. Feb 1-1958	
26. REGISTRAR'S SIGNATURE Wm Lucke By HCF Fisher			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED FEB 5 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1958

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 Harold Garner

Licensed Embalmer No. 3720
P. O. Address Marion Co

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.