

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017513

STATE FILE NUMBER

FILED JUN 2 1958

Registration District No. 53

Primary Registration District No.

Registrar's No. 326

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jackson Mo</u> 0160 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S E Mo Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>R F D I</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Alvin <del>Pfeiffer</del> Julius Pfeiffer</u>			4. DATE OF DEATH Month Day Year <u>May 17 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 9 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. <u>79</u> Months <u>I</u> Days <u>8</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Pocohontas Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Herman Pfeiffer</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Klaus</u>	14. NAME OF HUSBAND OR WIFE <u>Alvina Koenig</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-42-6822</u>	17. INFORMANT Address <u>Mrs Alvin Pfeiffer Jackson Mo RI</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>332X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept 11, 1954</u> to <u>May 7, 1958</u> and last saw him alive on <u>May 16, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Jager, M.D.</u> (Degree or title)		22b. ADDRESS <u>Jackson, Mo</u>	
22c. DATE SIGNED <u>May 20, 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>May 19 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zoin Lutheran</u>
23d. LOCATION (City, town, or county) (Specify) <u>Pocohontas Mo</u>			
24. FUNERAL DIRECTOR <u>McCombs Funeral Home, Jackson Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 23, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Homer E. Cooper</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc.: most use only standard memorandums or forms to "no symptoms with no history". All diseases in Part I must be causally related.

Faint, mostly illegible text from the reverse side of the certificate, including words like "I hereby certify" and "embalmed".

JUL 15 1958

JUN 9 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 *BA Meyer* .....

Licensed Embalmer No. *3257* .....

P. O. Address *Jackson* .....

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.