Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042984
STATE FILE NUMBER

FILED DEC 11 1958 Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fornfelt — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b 5 11/12 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Fornfelt — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: PHILIP LOUIS PFEFFERKORN
4. DATE OF DEATH Month Day Year: Dec 3, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 12, 1883
9. AGE (In years last birthday): 75 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): New Hamburg, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Matthew Pfefferkorn
13b. MOTHER'S MAIDEN NAME: Caroline Georger
14. NAME OF HUSBAND OR WIFE: Mary Link Pfefferkorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-07-5544
17. INFORMANT: Mrs Wm O'Brien — Address: Fornfelt, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cachexia, Malnutrition.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Bronchogenic Carcinoma
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 9 months.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1621
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 Nov 2 1958, to Dec 3 1958 and last saw her/him alive on Dec 2, 1958
Death occurred at 5 AM Dec 3, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L.D. Hornlett D.O. 2
22b. ADDRESS: Fornfelt, Mo.
22c. DATE SIGNED: 12-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/5/58
23c. NAME OF CEMETERY OR CREMATORY: St Joseph's Cem
23d. LOCATION (City, town, or county) (State): Illmo, Missouri

24. FUNERAL DIRECTOR: Bisplinghoff Funeral Home — ADDRESS: Illmo Mo.
25. DATE RECD. BY LOCAL REG.: 12-6-1958
26. REGISTRAR'S SIGNATURE: Mrs Fred Bieglin Lopp

(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 causally related.

50

DEC 18 1958

CO. FILE No. 1258-22

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 Oliver C Amick

Licensed Embalmer No. 4470

P. O. Address Illinois, Va

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.