Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1959

59-008092
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): CHAFFEE — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 507 S. THIRD ST. — Length of stay in Hospital: 52 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 507 S. THIRD ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HELEN Middle: MARY Last: PFEFFERKORN

4. DATE OF DEATH: Month: FEB. Day: 12 Year: 1959

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: JAN. 17 1885 9. AGE (In years last birthday): 74 IF UNDER 1 YEAR: Months: 0 Days: 25 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): KELSO, MISSOURI 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MIKE ENDERLE 13b. MOTHER'S MAIDEN NAME: MAGDALENE REICHERT 14. NAME OF HUSBAND OR WIFE: WILLIAM ANDREW 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.: NONE 17. INFORMANT: ANITA K. PFEFFERKORN Address: CHAFFEE, 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): Shock with vascular collapse — INTERVAL BETWEEN ONSET AND DEATH: Approx 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary Embolism ~~25 hrs~~ 22 hrs.
DUE TO (c): Atherosclerosis. 10 yrs. +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

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.)
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 8/27/1954, to 2/12/1959 and last saw her alive on 2/11/1959
Death occurred at Approx. 5:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. H. Hehmeyer, M.D.
22b. ADDRESS: 243 W. Yoakum, Chaffee, Mo.
22c. DATE SIGNED: 2/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-14-1959
23c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
23d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME ADDRESS: CHAFFEE, MO.
25. DATE RECD. BY LOCAL REG.: Feb. 16-1959
26. REGISTRAR'S SIGNATURE: Mrs Fred Bieg[illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.