

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020900
State File No.

FILED JUN 29 1959

BIRTH NO. _____ REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>4 weeks</u>	c. CITY OR TOWN <u>Pacific Bx 113</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 mi. north of Pacific Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) _____ c. (Last) <u>Dreffinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1959</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>May 16, 1879</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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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 <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Christ John Dreffinger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Weber</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA</u>	
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15. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carlo Dreffinger</u>		ADDRESS <u>Pacific Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac decompensation</u>					
		ANTECEDENT CAUSES		DUE TO (b) <u>ab atherosclerotic myocarditis</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5/30/59, 1959, to 6/30/59, 1959, that I last saw the deceased alive on 6/20/59, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS (Degree or title) <u>Mo Washington Mo</u>		23c. DATE SIGNED <u>6/23/59</u>	
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>burial</u>		24b. DATE <u>June 23 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Bridget's</u>		24d. LOCATION (City, town, or county) (State) <u>Pacific Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6/23/59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Pacific Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ralph Altman*.....
Licensed Embalmer No. *4808*
P. O. Address *Union*.....

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.