

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016158

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 13

AMENDED

FILED APR 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blackcreek Twp</u>	Length of stay in 1b <u>5 Wks</u>	c. CITY OR TOWN <u>Rural Shelbyville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 1/2 mi. S.W. of Bethel, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>Franklin</u> Last <u>Pflum</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Oct. 28, 1896.</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cemetery Sexton</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shelby Co</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward Pflum</u>	
13b. MOTHER'S MAIDEN NAME <u>Georgie Matkins</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Lorene Pflum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT <u>Mrs Lorene Pflum, Bethel, Mo.</u> Address _____	
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>Coronary Thrombosis (Acute)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9:30 A.M. to 2:45 P.M.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>1961 1-24</u> to <u>4-15-61</u> and last saw her <u>him</u> alive on <u>10:00 A.M. (4-15)</u>		Death occurred at <u>2:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. Fred Stricklin D.O.</u>		22b. ADDRESS <u>Bethel, Missouri</u>	22c. DATE SIGNED <u>4-17-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 18, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u>	23d. LOCATION (City, town, or county) <u>4 mi. N.W. of Bethel, Mo.</u>
24. FUNERAL DIRECTOR <u>C.W. Musgrove, Bethel, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-22-61</u>	26. REGISTRAR'S SIGNATURE <u>Ade Garrison</u>	

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 Self, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer,

Signed B. W. Cunningham

Licensed Embalmer No. 2719
P. O. Address Bethel, 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.