MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-026001
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 25

FILED AUG 7 1961

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 Mi. S.E. Staffensville, Mo.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Ewing, Mo. Rural.
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4 Mi. S.E. Staffensville, Mo
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle William Last Pflum
4. DATE OF DEATH Month June Day 27 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/13/91
9. AGE (last birthday) 70
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: 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
11. BIRTHPLACE (City and state or country) Newark, Mo. Rural
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Pflum
13b. MOTHER'S MAIDEN NAME Mary Elizabeth McSorley
14. NAME OF HUSBAND OR WIFE Cora L. Pflum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT CoraL. Pflum Address Ewing, Mo. Rural.

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) Carcinoma (liver).
INTERVAL BETWEEN ONSET AND DEATH Not known
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. ☐ Yes ☐ No ☐ Unknown

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 Jan 1959, to 27 June 61 and last saw her/him alive on 26 June 61
Death occurred at D.O.A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W Wills (Degree or title) D.O.
22b. ADDRESS Lewis Town Mo
22c. DATE SIGNED 30 Jun 61.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/29/61
23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant
23d. LOCATION (City, town, or county) Marion Co (State) Mo.

24. FUNERAL DIRECTOR C.W. Musgrove
ADDRESS Bethel, Mo.
25. DATE RECD. BY LOCAL REG. 7-29-61
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Viola Gee, Deputy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

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 C W Musgrove

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.