MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000950
STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 5

FILED JAN 18 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem — Length of stay in 1b: 14 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 304 E. 4th Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 304 E. 4th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle WESLEY Last PFEIFER
4. DATE OF DEATH: Month January Day 11 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/26/79
9. AGE (last birthday): 82 — 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 (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Summer County, Kan.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George W. Pfeifer
13b. MOTHER'S MAIDEN NAME: Alice Butler
14. NAME OF HUSBAND OR WIFE: Nancy Ann Rhodes (decd)

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: Rose Burleson Address: Salem, 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): Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis
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 approx 1950, to 1-11-62 and last saw ~~her~~ him alive on 1-6-62
Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jos. D. W. Sand, DD.
22b. ADDRESS: Salem, Mo.
22c. DATE SIGNED: 1-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/14/1962
23c. NAME OF CEMETERY OR CREMATORY: Morrison Cemetery
23d. LOCATION (City, town, or county) (State): Dent County, Missouri

24. FUNERAL DIRECTOR: Max L. Warfel ADDRESS: Salem, Mo.
25. DATE RECD. BY LOCAL REG.: 1/12/62
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by dm

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1962

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Missouri

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.