

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002537

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 36

STATE FILE NUMBER

FILED FEB 2 1962

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri ; b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) Aurora		Length of stay in lb 88 years	c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 129 West High			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 129 West High Street	
3. NAME OF DECEASED (Type or print) First William Middle Pfitzer Last n			4. DATE OF DEATH Month January Day 26 Year 1962		
5. SEX M Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1879	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Ignatz Pfitzer		13b. MOTHER'S MAIDEN NAME Mary Freidl		14. NAME OF HUSBAND OR WIFE Catherine Pfitzer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Catherine Pfitzer Aurora, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema, Pulmonary Acute.					INTERVAL BETWEEN ONSET AND DEATH 2 Hours
DUE TO (b) Pneumonia, Bronchial, bilateral					1 Day
DUE TO (c) Influenza.					3 Days
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 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 January 24, 1962 to January 26, 1962 last saw her/him alive on January 26, 1962 Death occurred at 8:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Kenneth L. Kelcey M.D.			22b. ADDRESS Aurora, Mo		22c. DATE SIGNED 1/28/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-30-1962	23c. NAME OF CEMETERY OR CREMATORY Sacret Heart Cemetery		23d. LOCATION (City, town, or county) Verona, Missouri	
24. FUNERAL DIRECTOR Oscar L. Marsh Aurora, Missouri			25. DATE RECD. BY LOCAL REG. Jan 29, 1962		26. REGISTRAR'S SIGNATURE George Langley per L. Phillips

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Roscoe L. Ward*

Licensed Embalmer No. 3812

P. O. Address *Amos 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.