

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **631**

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **4145** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY COOPEY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRADIE HOME MO 1 Hour		c. LENGTH OF STAY (in this place) 1 Hour	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MO 3618		d. STREET ADDRESS (If rural, give location) 4500 MONTGALL
d. FULL NAME OF HOSPITAL OR INSTITUTION BRADIE HOME MO					

3. NAME OF DECEASED (Type or Print) JOHN CHRIST PFEIFFER			4. DATE OF DEATH (Month) (Day) (Year) JAN 6 - 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 14 - 1894	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T.W.H.		10b. KIND OF BUSINESS OR INDUSTRY MECHANIC	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME JUSTINE PFEIFFER	13b. MOTHER'S MAIDEN NAME VINA PFEIFFER	14. NAME OF HUSBAND OR WIFE GRACE PFEIFFER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1st World War	16. SOCIAL SECURITY NO. 486-26-7278	17. INFORMANT'S SIGNATURE OR NAME Grace S. Pfeiffer		ADDRESS 4504 Montgall	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Deletation			INTERVAL BETWEEN ONSET AND DEATH 1 hr	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Probable Myocarditis				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			482.2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) (m.)	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 **Attchaville**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. DeGraeghe M.D.	23b. ADDRESS Cornu Brunswick	23c. DATE SIGNED 1/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Jan 9 - 1950 PM	24c. NAME OF CEMETERY OR CREMATORY MORIAH Cem.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
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DATE REC'D BY LOCAL REG. 1/7/50	REGISTRAR'S SIGNATURE U. T. Muellich	72	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Albert Hornbeck	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0270
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RECEIVED JAN 10 1-10-50

District Health Officer No. 8,

District File Number: _____

Date Filed 1-12-50

JAN 19 1950

Handwritten signature: Albert Hornbeck

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 _____

Student Embalmer

Signed *Albert Hornbeck*

Licensed Embalmer No. 2714

P. O. Address Praine Home 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 this body is not embalmed, fact should be so stated above.