

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7445

State File No.

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 314 N. 20th Street 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 N. 20th Street			

3. NAME OF DECEASED (Type or Print)		a. (First) Edna		b. (Middle) Elizabeth		c. (Last) Pfander		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1952.			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 23, 1867		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Andrew County, Missouri.				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Capt. John G. Musick			13b. MOTHER'S MAIDEN NAME Laura V. Miller			14. NAME OF HUSBAND OR WIFE Charles F. Pfander		
---	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *** **		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. H. Wilson		ADDRESS St. Joseph, Mo.	
--	--	--	--	---	--	-----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arterioscler-				INTERVAL BETWEEN ONSET AND DEATH 3 yrs -	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterioscler. gen-					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Morbidity					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---	--	--	--	--	--

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)	
---	--	--	--	---	--

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?	
--	--	--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 8/18, 1950, to 3/28, 1952, that I last saw the deceased alive on 3/28, 1952, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sanjiv Nandegari		23b. ADDRESS 670 Horace Dr.		23c. DATE SIGNED 4/2/52	
---	--	---------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 4, 1952		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) (State) Savannah, Missouri.	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. April 9, 1952		REGISTRAR'S SIGNATURE Carl C. Casper 416		25. FUNERAL DIRECTOR'S SIGNATURE Walter Muehler		ADDRESS St. Joseph, Mo.	
--	--	---	--	---	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0117
1

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*****

.....

working under my personal supervision.

Student Embalmer No.

Signed.....
Raymond A. Morehes

Signed.....
**** *****
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

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