

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22064

State File No.

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5673 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi South Concordia Mo</u>		d. STREET ADDRESS (If rural, give location) <u>2 MI. SOUTH OF CONCORDIA. MO</u>	

3. NAME OF DECEASED (Type or Print) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1953</u>		
a. (First)	b. (Middle)	c. (Last)			
		<u>PFANNKUCH</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 7, 1905</u>	9. AGE (In years last birthday) <u>47</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOLAN, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>MARTIN PFANNKUCH</u>	13b. MOTHER'S MAIDEN NAME <u>SOPHIA ROESCH</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. FLORA PFANNKUCH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FLORA PFANNKUCH</u> ADDRESS <u>CONCORDIA, MO</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-10 min</u> <u>Several yds.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Coronary arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 June 1, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 11:59 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Brady, M.D.</u> (Degree or title)	23b. ADDRESS <u>Concordia, Mo.</u>	23c. DATE SIGNED <u>6/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST MATTHEW'S CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR CONCORDIA, MO.</u>
DATE REC'D BY LOCAL REG. <u>July 3 - 1953</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
540

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. J. Jones

Licensed Embalmer No. 2058

P. O. Address Conradia, 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.