

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11481**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **60**

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

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Pleasant Hill</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Pleasant Hill, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>807 Ceder</b>		d. STREET ADDRESS (If rural, give location) <b>807 Ceder</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHRISTIAN</b>	b. (Middle) <b>HARRY</b>	c. (Last) <b>PEAFF</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-9-1954</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>8-9-1879</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Foundrye</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / <b>Brooklyn, NY.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Adolph Pfaff</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Hader</b>	14. NAME OF HUSBAND OR WIFE <b>Lena May Johnson Pfaff</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-30-4</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lena May Pfaff Pleasant 1</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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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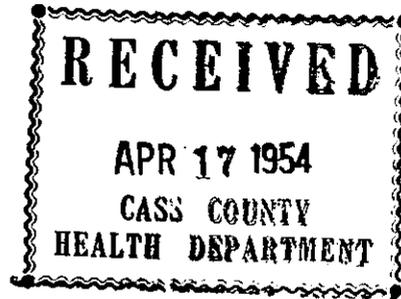
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5 Feb**, 19**51**, to **4 Feb**, 19**54**, that I last saw the deceased alive on **4-9-**, 19**54**, and that death occurred at **11:22 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. E. H. M. D.</b>	23b. ADDRESS <b>Pleasant Hill, Mo.</b>	23c. DATE SIGNED <b>4-10-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-11-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill, Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Apr 13, 1954</b>	REGISTRAR'S SIGNATURE <b>Nora Barward</b>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Brownfield</b>	ADDRESS
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**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 *Allen Brewster* \_\_\_\_\_

Licensed Embalmer No. *3785* \_\_\_\_\_

P. O. Address *Plum Hill, 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.