

FILED OCT 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30959

State File No. 390

BIRTH NO.		REG. DIST. NO. 146	PRIMARY REG. DIST. NO. 3026	Registrar's No. 390
1. PLACE OF DEATH a. COUNTY Jackson		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 Independence		c. CITY OR TOWN Independence		d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1038 W. Safferton		e. STREET ADDRESS (If rural, give location) 1038 Safferton 1000		
3. NAME OF DECEASED (Type or Print) MARSHALL A. PFEISTER		a. (First)		b. (Middle) A.
c. (Last) PFEISTER		4. DATE OF DEATH Sept. 29-54 (Month) (Day) (Year)		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 13-1888	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand	11. BIRTHPLACE (City and State or Foreign Country) Ray Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jefferson Pfeister		13b. MOTHER'S MAIDEN NAME Jane Thompson		14. NAME OF HUSBAND OR WIFE Edna Pfeister
15. WAS RELEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Edna Pfeister
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis, calcific		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease		15 yrs.
		DUE TO (c) Massive cardiac hypertrophy		15 yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis, Rt. axillary vein		10 days.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 May, 1949, to Sept. 29, 1954, that I last saw the deceased alive on Sept. 29, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE L.O. Schroeder		(Degree or title) M.D.		23b. ADDRESS Liberty, Mo.
23c. DATE SIGNED 9/30/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/29/54		24c. NAME OF CEMETERY OR CREMATORY Belmont
24d. LOCATION (City, town, or county) (State) Ray Co. Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE		
DATE REC'D BY LOCAL REG. 9-29-54		REGISTRAR'S SIGNATURE		ADDRESS Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *John L. Loney*
Licensed Embalmer No. 448

P. O. Address *Liberty*

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.