FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34632

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 315

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - South River Twnshp.
d. STREET ADDRESS (If rural, give location): R.F.D. #2, Hannibal, Mo. 0640 1

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Magdalene
c. (Last): Pflantz

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1 Jan. 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): West Ely, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Conrad Lehenbauer
13b. MOTHER'S MAIDEN NAME: Catherine Prenser
14. NAME OF HUSBAND OR WIFE: John L. Pflantz

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 ADDRESS: Mrs. Wm. Bode, RFD #2, Palmyra, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Carcinoma Bronchiogenic Left	3 mo.
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.*	Arteriosclerotic Heart Disease	6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 162 X
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): H L Green 0
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 10/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 Oct 1954
24c. NAME OF CEMETERY OR CREMATORY: West Ely Lutheran
24d. LOCATION (City, town, or county) (State): West Ely, Missouri

DATE REC'D BY LOCAL REG.: 10-20-54
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W C Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Lewis Brothers' Palmyra, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 25 1954
MARION CO. HEALTH DEPT.
DATE FILED OCT 25 1954

SEP 29 1964

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 George M. Lewis
Licensed Embalmer No. 4851
P. O. Address Palmyra, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.