

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41930

State File No.

FILED JAN 10 1955

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1300 So. Moniteau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LENA</u>	b. (Middle) <u>EMMA</u>	c. (Last) <u>PFEIFFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1954</u>
-------------------------------------	------------------------	-------------------------	---------------------------	----------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 14 1874</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
----------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-----------------------------------------	------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pfeiffer Green House</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bahner Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Mathias Gubasta</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Brunell</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. A. Pfeiffer</u>
-------------------------------------------	-----------------------------------------------	------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Philip Pfeiffer</u>	ADDRESS <u>Sedalia</u>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------	------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver & Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Due to (b) Co. of Pancreas</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION <u>1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>C.A. of Pancreas</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 May, 1949, to 12-31, 1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at 7 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.W. Boger M.D.</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>1-3-55</u>
---------------------------------------------------------	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
---------------------------------------------------------	-------------------------	---------------------------------------------------	-----------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>1-3-55</u>	REGISTRAR'S SIGNATURE <u>Dona Abbott</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Laughlin Broas</u>	ADDRESS <u>Sedalia</u>
----------------------------------------	------------------------------------------	------------------------------------------------------------	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

804

0

JUL 5 1962

FEB 21 1958

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

James R. Ashren

Licensed Embalmer No. 4930

P. O. Address Sedalia, 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.