

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5017**
Registrar's No. **364**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>SANGAMON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1803 SWOPE PARKWAY</u>				STREET ADDRESS (If rural, give location) <u>81208</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDWARD</u>		b. (Middle)		c. (Last) <u>PFLIEDERER</u>	
4. DATE OF DEATH		(Month) <u>JANUARY</u>		(Day) <u>26</u>		(Year) <u>1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 15, 1905</u>	
9. AGE (in years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Martha Raiser</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Pfleiderer</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>300-03-0513</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. KARL HARTIG, 1803 SWOPE PARKWAY, K.C.M.O.</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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		ANTECEDENT CAUSES				<u>1 hour</u>	
DUE TO (b) <u>Coronary thrombosis</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>1 hour</u>	
DUE TO (c) <u>Coronary sclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>3 years</u>	
Conditions contributing to the death but not related to the disease or condition causing death.						<u>U201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (m.)		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 <u>1-26, 1955</u> to <u>1-26, 1955</u> that I last saw the deceased alive on <u>1-26, 1955</u> and that death occurred at <u>1:10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Don Carlos Peete</u>		(Degree or title)		23b. ADDRESS <u>1500 Prof. Bldg</u>		23c. DATE SIGNED <u>1-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>1-26-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.H. Newcomer, Inc. Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Don Carlos Peete

APR 18 1955

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.....
Robert C. Curran

Licensed Embalmer No. *48*

P. O. Address.....
K.C.H.

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.