

No. 300
10-48

0030

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

FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10897

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	
c. LENGTH OF STAY (in this place) 26 days		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LaVADA b. (Middle) *** c. (Last) PFEIL			4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH March 9, 1885		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Nodoway County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Peter Garner		13b. MOTHER'S MAIDEN NAME Mary Smith		14. NAME OF HUSBAND OR WIFE John Pfeil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. Pfeil Quitman Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUPLICATE TO (b) Hypertensive vascular disease			Unknown
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) none			
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 _____		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) 443 X	
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 **March 18, 1955**, to **April 12, 1955**, that I last saw the deceased alive on **April 12, 1955**, and that death occurred at **7:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Murphy, M.D.		23b. ADDRESS Fairfax, Missouri		23c. DATE SIGNED 4/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Hunter Cemetery	
		24d. LOCATION (City, town, or county) (State) Rock Port Mo.			

DATE REC'D BY LOCAL REG. April 13, 1955		REGISTRAR'S SIGNATURE Harvin J. Schaefer 443-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Fairfax Mo.	
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APR 28 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Marvin V. Schoeler

Signed.....
Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Va*

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.