

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18005

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Pleasant Hill		c. CITY OR TOWN Pleasant Hill	
c. LENGTH OF STAY (in this place) 38 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home (no street address)		e. STREET ADDRESS (If rural, give location) none 0190	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) -----	c. (Last) Pfeaster PFEASTER	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 13, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and State or Foreign Country) Liberty, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Henry Pfeaster	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND/OR WIFE Hattie Pfeaster (deceased)
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. Ed Waldrop Raytown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cardio-renal syndrome		
	DUE TO (c) senility.		442X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Found dead in home		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on June 13, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

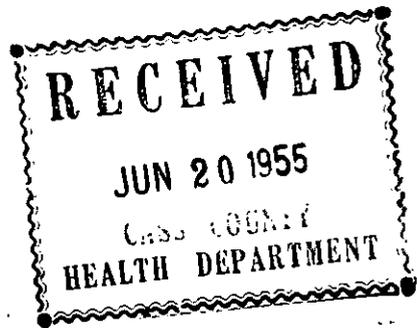
23a. SIGNATURE Isaiah Jande (Corner)	(Degree or title) 3	23b. ADDRESS Pleasant Hill, Mo	23c. DATE SIGNED 6/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Brooking Cem.	24d. LOCATION (City, town, or county) (State) Raytown, Missouri
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DATE REC'D BY LOCAL REG. June 16, 1955	REGISTRAR'S SIGNATURE Mora Barnard	457-0	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Searby	ADDRESS Pleasant Hill, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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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.....  
Signatures of Student Embalmer

Signed *Allen Brownfield*

Licensed Embalmer No. *37*

P. O. Address *Pleasant*

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.