

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21130**

No. 300  
10-48

FILED JUL 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Wheeling</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Chillicothe Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>1 Mi. N. of Wheeling</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) c. (Last) <b>PAHMEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 3, 1871</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Jacob, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wilhelm Pahmeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Dubach</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary Pahmeyer</b>	ADDRESS <b>Wheeling, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary Embolism</b>		<b>1 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Chronic Pyelonephritis</b>		<b>10 yrs</b> <b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CARCINOMA OF URINARY BLADDER</b>			<b>?</b>

19a. DATE OF OPERATION <b>25 June 56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Simple Cystoscopy = Carcinoma of Bladder.</b>	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) m.	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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22. I hereby certify that I attended the deceased from 25 June, 1956, to 25 June, 1956, that I last saw the deceased alive on 25 June, 1956, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Chillicothe Mo</b>	23c. DATE SIGNED <b>June 27, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-27-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wheeling</b>	24d. LOCATION (City, town, or county) (State) <b>Wheeling, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 27-56</b>	REGISTRAR'S SIGNATURE. <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>	ADDRESS
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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.....  
Signature of Student Embalmer

Signed *Joseph M. Gibson*.....  
Licensed Embalmer No. 4769

P. O. Address Chillicothe, .....

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.