

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23317**
Registrar's No. **4183**

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|---|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 111 | | PRIMARY REG. DIST. NO. 4183 | |
| 1. PLACE OF DEATH a. COUNTY Franklin | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Pacific) | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Pacific | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Thornton St | | | e. STREET ADDRESS (If rural, give location) Thornton St. 0360 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HARRY | | b. (Middle) EDGAR | c. (Last) PILGER | 4. DATE OF DEATH (Month) (Day) (Year) July 13, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Febr. 3, 1923 | 9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR: Months - Days - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Worker | 10b. KIND OF BUSINESS OR INDUSTRY Assmb. Line | 11. BIRTHPLACE (City and State or Foreign Country) Belle, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William Pilger | | 13b. MOTHER'S MAIDEN NAME Augusta Willson | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give year or dates of service) WWII | | 16. SOCIAL SECURITY NO. Yes-Unkown | 17. INFORMANT'S SIGNATURE OR NAME Walter Pilger ADDRESS Pacific, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH abrupt 6 weeks |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? 4201 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) _____ | | 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 June 5, 1956 to July 13, 1956 , that I last saw the deceased alive on July 13, 1956 , and that death occurred at 11:45 m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE C. S. Puffer, D.O. (Degree or title) | | 23b. ADDRESS Pacific Missouri | | 23c. DATE SIGNED July 17, 1956 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-17-56 | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) St. James, Mo. | | |
| DATE REC'D BY LOCAL REG. 7/17/56 | REGISTRAR'S SIGNATURE Mary B. Gross | | 25. FUNERAL DIRECTOR'S SIGNATURE John Koh ADDRESS St. James, Mo. | | |

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

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(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1956

JUL 25 1956

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 *John L. Wheeler*.....
Licensed Embalmer No. *300*.....
P. O. Address *Pacific*.....

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.