

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 023265  
State File No.

FILED JUN 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6182 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill Twp, Rural</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>20 SW of Green City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 20 mi. S.W. Green City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lula</u>	b. (Middle) <u>May</u>	c. (Last) <u>Pfeiffer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1957</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 18, 1885</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alva Cassity</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Browning</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Pfeiffer</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andrew Pfeiffer, Milen, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u>  <u>10 yrs.</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>	DUE TO (b) <u>Coronary Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
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 <u>2</u> 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) <u>Sullivan, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 3, 1957, to June 3, 1957, that I last saw the deceased alive on June 3, 1957, and that death occurred at 6:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James M. Pfeiffer MD</u>	23b. ADDRESS <u>Milen, Mo</u>	23c. DATE SIGNED <u>6/7/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 5, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-18-57</u>	REGISTRAR'S SIGNATURE <u>Elyde A. Bridget</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent and Son, Green City</u>
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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 \_\_\_\_\_

Student Embalmer

Signed

*Archie W. Wade*

Licensed Embalmer No. 3037

P. O. Address Green City, Mo.

**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.