

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2018

STATE FILE NUMBER

FILED FEB 7 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 25

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hunnewell</u> <u>2690</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth.</u>		Length of stay in lb <u>6 Hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Near town limits.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Iva</u> Middle <u>Gertrude</u> Last <u>Pfanner</u>			4. DATE OF DEATH Month <u>1</u> Day <u>28</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 25, 1901</u>
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>---</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles Wolcott</u>	
13b. MOTHER'S MAIDEN NAME <u>Myrtle Filly</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Pfanner. (dec)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-44-1942</u>	17. INFORMANT <u>Charles Pfanner. Hunnewell, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Laceration of cerebrum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Extension fracture of skull</u> DUE TO (c) <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>8 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Highway accident, in car striking parked truck for rear</u>		
20c. TIME OF INJURY <u>3:30 a.m. / 28 58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36</u>		
20e. CITY, TOWN, OR LOCATION <u>2.1 miles West Monroe</u>	20f. COUNTY <u>Mo</u>	20g. STATE <u>Mo</u>	
21. I attended the deceased from <u>11:25 p.m.</u> to <u></u> and last saw her/him alive on <u></u> Death occurred at <u></u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry H. Swartz, M.D.</u>		22b. ADDRESS <u>Hannibal Mo</u>	22c. DATE SIGNED <u>1-31-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/31/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>
24. FUNERAL DIRECTOR <u>Harold Garner</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 1-1958</u>	26. REGISTRAR'S SIGNATURE <u>Wm. Lucke By J. C. Fisher</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms or signs of disease in Part I must be causally related.

RECEIVED FEB 5 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1958

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 *Harold Garwood*

Licensed Embalmer No. *3720*
P. O. Address *Marion Co*

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.