

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002042

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 40

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Coroner's Office

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 Bridge St.		Length of stay in lb 13 yrs.	d. STREET ADDRESS (If outside, give location) 109 Bridge St.
3. NAME OF DECEASED (Type or print) First Middle Last CLARA ETTA PFAFF			4. DATE OF DEATH Month Day Year Feb. 1, 1959
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1886
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Livingston Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John L. Tye		13b. MOTHER'S MAIDEN NAME Addie Flory	14. NAME OF HUSBAND OR WIFE Ben Pfaff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xx	16. SOCIAL SECURITY NO. None	17. INFORMANT Ben Pfaff, Chillicothe, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia Terminal</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			1538
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of Colon, Operated 1st about 5 Mos ago</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Sept. 1-58</i> to <i>Feb. 1-59</i> and last saw her alive on <i>Feb. 1-59</i> Death occurred at <i>11:45 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>Joseph G. Conrad M.D.</i>		22b. ADDRESS <i>Chillicothe Mo</i>	22c. DATE SIGNED <i>Feb. 3-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Feb. 4, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Catholic cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Chillicothe, Mo.</i>
24. FUNERAL DIRECTOR <i>Donald Gordon, Chillicothe, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-3-59</i>	26. REGISTRAR'S SIGNATURE <i>Frances B Neill</i>

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 *Ronald Jordan*

Licensed Embalmer No. *4191*

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.