

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023077

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 208

1. PLACE OF DEATH
 a. COUNTY Adair
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home No 1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Macon
 c. CITY OR TOWN _____ Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) West of South Gifford Reside on Farm Yes No

3. NAME OF DECEASED First Frank Middle _____ Last Pfeifer
4. DATE OF DEATH Month June Day 6 Year 1963

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH Dec 10 1977 **9. AGE (last birthday)** 85 **IF UNDER 1 YEAR** Months 5 Days 27 **IF UNDER 24 HR** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and state or country) Macon County Mo **12. CITIZEN OF WHAT COUNTRY** U. S. A.

13a. FATHER'S NAME Henry Pfeifer **13b. MOTHER'S MAIDEN NAME** Martha Skinner **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No **17. INFORMANT** Robert Mossbarger Address Elmer 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) OVERWHELMING TOXEMIA INTERVAL BETWEEN ONSET AND DEATH days
 DUE TO (b) GANGRENE OF LEFT FOOT weeks
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ARTERIOSCLEROTIC PERIPHERAL VASCULAR DISEASE.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RT. THIGH AMPUTATED 5 YRS AGO FOR GANGRENE **PART III. If deceased was female was there a pregnancy in last 90 days.** Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **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 Nov. 28, 1962 to JUNE 6, 1963 and last saw ^{him} him alive on JUNE 5, 1963
 Death occurred at 8:23 A.M. (6-6-63) in on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee, or title) John P. Retaky DO **22b. ADDRESS** 1000 W. JEFFERSON **22c. DATE SIGNED** 6-6-63

22d. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** June 8 1963 **23c. NAME OF CEMETERY OR CREMATORY** Mt Carmel **23d. LOCATION** (City, town, or county) (State) Adair County Missouri

24. FUNERAL DIRECTOR'S ADDRESS OK H. M. Collins, South Gifford Mo **25. DATE RECD. BY LOCAL REG.** June 11, 1963 **26. REGISTRAR'S SIGNATURE** Doris W. Ratliff

VS 300 Rev. 4/59
 1 0017
 2 0610
 3
 4 0
 5 0
 6
 7 0
 8 3
 9 94501
 10
 11
 12 86-2
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued June 6, 1963

IRVIN PRETSKY, D.O.

STATEMENT BY LICENSED EMBALMER

2 weeks

ARTERIOLECTIC BILIOHEPATIC VASCULAR DISEASE

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 Clyde M. Callum

Licensed Embalmer No. 3226

P. O. Address South Gifford 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

2 weeks

0

MON. 5.11.63 (0-4-63) JUNE 6, 1963

[Handwritten signature]