

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039483
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 241

FILED NOV 12 1963	
1. PLACE OF DEATH	
a. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Length of stay in b 40 y	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.. Francis Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri COUNTY Franklin	
c. CITY OR TOWN Washington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 316 Cedar St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
WALTER ALVIN PFAUTSCH	
4. DATE OF DEATH November 5, 1963	
5. SEX male	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 9/14/1884
9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager	10b. KIND OF BUSINESS OR INDUSTRY Corn cob pipe mfg. Hermann, Mo.
11. BIRTHPLACE (City and state or country) U. S. A.	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME John Pfautsch	13b. MOTHER'S MAIDEN NAME Emily Bartz
14. NAME OF HUSBAND OR WIFE Ouida Henselmeier	15. WAS DECEASED EVER IN U.S. ARMED FORCES? no (If yes, give war or dates of serv)
16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Wilbur Lefman, Washington, Mo. Address 1715 3rd Pkwy
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 5 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial damage 5 years	
DUE TO (c) Atherosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 1930 to 11/5/63 and last saw him alive on 11/5/63	
Death occurred at 1:28 a.m. CST on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Doctor or title) Frank G. Mays M.D.	22b. ADDRESS Washington Mo
22c. DATE SIGNED 11/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 7, 1963
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or County) Washington, Missouri
24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.	25. DATE RECD. BY LOCAL REG. 11/6/63
26. REGISTRAR'S SIGNATURE Leola C. Hickman	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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USE BLACK INK OR TYPEWRITER RIBBON

NOV 14 1963

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 Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.