

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16089

BIRTH NO. _____		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2324	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawnee		X 14 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) Martina			b. (Middle) Pflumm			c. (Last) Pflumm	
4. DATE OF DEATH (Month) (Day) (Year) May 27 1949		5. SEX F. /		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 23, 1874		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Antwerp, Belgium		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Felix Van Scholandt		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Conrad J. Pflumm		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Frank J. Pflumm	
ADDRESS Shawnee, Kans		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Cachexia ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ENCEPHALOMALACIA DUE TO (c) ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332-X				INTERVAL BETWEEN ONSET AND DEATH 7 MOS. 6 MOS. 10 YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-13, 1948, to 5-27, 1949, that I last saw the deceased alive on 5-27, 1949, and that death occurred at 11:40 A. M., from the causes and on the date stated above.							
23a. SIGNATURE P. L. Byers M.D. (Name or title)				23b. ADDRESS 315 Alameda Rd, N.C. Mo		23c. DATE SIGNED 5-27-49	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE May 30, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Shawnee Kansas	
DATE REC'D BY LOCAL REG. 5-28-49		REGISTRAR'S SIGNATURE Geraldine Helmer		FUNERAL DIRECTOR'S SIGNATURE E Paul Amos		ADDRESS Shawnee, Kansas	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.