

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16456**

FILED MAY 17 1949

BIRTH NO. 29174-49 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 272 Registrar's No. 34

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lafayette</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malta Bend</u>	
c. LENGTH OF STAY (In this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>"INFANT" PLATTNER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Apr. 30 1949</u>		
a. (First)		b. (Middle)		c. (Last)	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>0</u>	<b>8. DATE OF BIRTH</b> <u>Apr. 30, 1949</u>	<b>9. AGE</b> (In years last birthday) <u>0</u>	<b>10. UNDER 1 YEAR</b> (Months) <u>0</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Infant</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Waverly Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>Russell Plattner</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Louise Schmidt</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Russell Plattner</u>	
				<b>ADDRESS</b> <u>Waverly Mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Premature birth</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>776X</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 4:30 PM, 1949 to 8:30 PM, 1949, that I last saw the deceased alive on 4-30, 1949, and that death occurred at 8:30 P.M., 4-30, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Douglas Kelling M.D.</u>		<b>23b. ADDRESS</b> <u>Waverly Mo</u>		<b>23c. DATE SIGNED</b> <u>5-2-49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>5-2-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Community Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Grand Pass Mo</u>	
<b>DATE REC'D BY LOCAL REG</b> <u>5-2-1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Clayton W. Landrum</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Stanley Gibson</u>		<b>ADDRESS</b> <u>Carrollton Mo</u>

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

No. 300  
25-48  
4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-16-49

**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.

Signed

*Ben W. Gibson*

Signed.....

Student Embalmer

Licensed Embalmer No.

2961

P. O. Address

*Carrollton, Ga.*

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.