S. No. 300
v. 10.48

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31360

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 42

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

**1. PLACE OF DEATH**
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St James
c. LENGTH OF STAY (In this place) 3 mints
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Solders Home Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Carthage b. COUNTY Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print) a. (First) Kate M b. (Middle) Ploense c. (Last)

**4. DATE OF DEATH** (Month) 9 (Day) 14 (Year) 49

**5. SEX** F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** Dec 12 1878 **9. AGE** (In years last birthday) 70 If under 1 year: Months 9 Days 2 If under 2 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) House Wife **10b. KIND OF BUSINESS OR INDUSTRY** none **11. BIRTHPLACE** (State or foreign country) Barrie Co Mo **12. CITIZEN OF WHAT COUNTRY?** US

**13a. FATHER'S NAME** William Kinsbury **13b. MOTHER'S MAIDEN NAME** Dent Knox **14. NAME OF HUSBAND OR WIFE** Herman Ploense

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** ✓ **17. INFORMANT'S SIGNATURE OR NAME** Herman Ploense **ADDRESS**

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis 10 yrs.
DUE TO (c) Cardiac Hypertrophy 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 1500

**19a. DATE OF OPERATION** — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

**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) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 15, 1949, *to* Sept 14, 1949, *that I last saw the deceased alive on* Sept 14, 1949, *and that death occurred at* 3:20 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** James D Butts M.D. (Degree or title) **23b. ADDRESS** St James, Mo **23c. DATE SIGNED** 9/15/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal **24b. DATE** 9-15-49 **24c. NAME OF CEMETERY OR CREMATORY** Carthage Cem **24d. LOCATION** (City, town, or county) Carthage (State) Mo

**DATE REC'D BY LOCAL REG.** 9-15-49 **REGISTRAR'S SIGNATURE** Cora E. Birmingham 253 **25. FUNERAL DIRECTOR'S SIGNATURE** Chas E Licklider **ADDRESS** St James

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 9-20-49

DEC 28 1958

OCT 5 1949

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**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 _____ me _____, Student Embalmer No. _____, working under my personal supervision.

Signed Orell E Lickliter

Licensed Embalmer No. 3546

P. O. Address St James Mo

Signed _____
Student Embalmer

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.