No. 300
10.48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19262

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 111

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Prairie 0700
d. STREET ADDRESS (If rural, give location): 7 miles east of Wellsville

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): - -
c. (Last): PLETTENBERG

4. DATE OF DEATH (Month) (Day) (Year): May 27 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 24, 1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 9, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Montgomery County, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Thomas Hickerson
13b. MOTHER'S MAIDEN NAME: Cordelia B. Bunch
14. NAME OF HUSBAND OR WIFE: Fred Plettenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: F. W. Plettenberg — ADDRESS: Wellsville, Mo

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): Carcinoma of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____ — 153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Myocardial Degeneration — 6 mos.

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* 3-18, 1950, *to* 5-27, 1950, *that I last saw the deceased alive on* 5-27, 1950, *and that death occurred at* 5:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X K. L. Sevan V.L.G.
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 6-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/29/50
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
24d. LOCATION (City, town, or county) (State): Wellsville Mo

DATE REC'D BY LOCAL REG.: June 10-1950
REGISTRAR'S SIGNATURE: Blanche Neel
25. FUNERAL DIRECTOR'S SIGNATURE: K. B. Wells — ADDRESS: Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 19 1950
District Health Officer No. 10
District File Number 6-50-1013
Date Filed JUN 19 1950

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 K. B. Wells

Signed ..... Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Wellsville 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 this body is not embalmed, fact should be so stated above.