

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8002

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Franklin</u>	
c. LENGTH OF STAY (If in place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		d. STREET ADDRESS (If rural, give location) <u>915 W. 7th. St.</u>		0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 W. 7th. St.</u>				d. STREET ADDRESS (If rural, give location) <u>915 W. 7th. St.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>DOROTHY</u>		b. (Middle) <u>F.</u>		c. (Last) <u>PLACKMANN</u>		(Month) (Day) (Year) <u>March 18 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 26, 1893</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		9. AGE (In years last birthday) <u>57</u> Months <u>11</u> Days <u>22</u>	
11. BIRTHPLACE (State or foreign country) <u>Casco, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry W. Plackmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Becker</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS RECEIVED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mathilda Schmidt</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>Washington</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bencho. Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Spastic Paralysis</u>				56 yrs.	
		DUE TO (b) <u>Spastic Paralysis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>351X</u>					
		Conditions contributing to the death but not related to the disease or condition causing death.					
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 <u>Nov 8, 1950</u> , to <u>Mar 18 1951</u> , that I last saw the deceased alive on <u>Mar 18, 1951</u> , and that death occurred at <u>12:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Washington</u>		23c. DATE SIGNED <u>3-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		24b. DATE <u>Mar. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 19, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Neiburg &amp; 1st, East, Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0362

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR. 26 1951

RECEIVED

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Lester A. Pitt*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3254

P. O. Address Washington, 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.