

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40196

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1323

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>8 years</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2616 Folsom St.</u>		e. STREET ADDRESS (If rural, give location) <u>2616 Folsom St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Planalp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>February 24, 1874</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchantile Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Council Grove, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John C. Planalp</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Trautmann</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-07-0217</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cora Planalp</u>	ADDRESS <u>2616 Folsom, St. Joseph, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one half hour</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epileptic</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3533</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Head struck pavement</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph Buchanan Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 17 1954 8:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell sweeping snow from sidewalk striking head on pavement</u>
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22. I hereby certify that I attended the deceased from Dec 17, 1954, to Dec 17, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 8:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Collis Poundsy</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>7415 1/2 E. Blvd</u>	23c. DATE SIGNED <u>Dec 17 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/19/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cenetary</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 21, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Heston-Bowman</u>	ADDRESS <u>St Joseph Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. *4535*

P. O. Address *319 E. 10th St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.