

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5339**
REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **29**

FILED MAR 9 1955

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (In this place) 22YRS	c. CITY OR TOWN WEBB CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		STREET ADDRESS (If rural, give location) 321 SOUTH ROANE ST.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHANNA b. (Middle) LAURA c. (Last) CATHERINE PLATTER		4. DATE OF DEATH FEBRUARY 26, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH MARCH 3, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 53
11. BIRTHPLACE (City and State or Foreign Country) PITTSBURG, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LOUIS MAHNKEN		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE RALPH PLATTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MR. RALPH PLATTER ADDRESS WEBB CITY, MISSOURI
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion			
DUE TO (c) Coronary Insufficiency			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 8-3- 19-51 , to 2-26- 19-55 , that I last saw the deceased alive on 2-26- 1955 , and that death occurred at 1:35 AM m., from the causes and on the date stated above.			
23a. SIGNATURE W. W. Foster (Degree or title) 474		23b. ADDRESS 106 S. Main St. Webb City, Mo.	23c. DATE SIGNED 2-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
DATE REC'D BY LOCAL REG. 2-28-55	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO.	

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

314 PM
MAR 7 - 1955

1955

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 *Richard Hoy Low*

Licensed Embalmer No. *440*

P. O. Address *W. S. Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.