

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21587**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City, Mo.</b>		c. CITY OR TOWN <b>Westphalia, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In days) <b>6 Days</b>		e. STREET ADDRESS (If rural, give location) <b>0.760</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELIZABETH</b>	b. (Middle)	c. (Last) <b>PLASSMEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 29, 1955</b>
-------------------------------------	-----------------------------	-------------	-----------------------------	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>2/19/65</b>	9. AGE (In years) (Month) (Day) <b>90 5 20</b>	IF UNDER 1 YEAR <b>5</b> Months	IF UNDER 4 HRS. <b>20</b> Hours
----------------------	-------------------------------	--	---------------------------------	--	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Westphalia, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>Bernard Holterman</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Buresmeyer</b>	14. NAME OF HUSBAND OR WIFE <b>Gerhard Plassmeyer</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN PLASSMEYER WESTPHALIA, MO.</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction (2 1/2 months)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>4201</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetic mellitus</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Jan 19 55 to July 29, 19 55 that I last saw the deceased alive on July 29, 19 55 and that death occurred at # 3A m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dean Taylor M.D.</b>	23b. ADDRESS <b>Jefferson City</b>	23c. DATE SIGNED <b>8-6-55</b>
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8/1/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH</b>	24d. LOCATION (City, town, & county) (State) <b>WESTPHALIA, MO.</b>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Aug 9-1955</b>	REGISTRAR'S SIGNATURE <b>R.P. Davis MD - MR</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Duke Jr Mo.</b>	ADDRESS
--	---	---	---------

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..... *Sylvester J. Guller*

Licensed Embalmer No. *48*

P. O. Address *Jefferson*

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.