

No. 300
10.48
FILED SEP 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 29813
4041

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Sugar Creek	
c. LENGTH OF STAY (in this place) 4 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Northeast Hospital		e. STREET ADDRESS (If rural, give location) 11118 Felton	
3. NAME OF DECEASED a. (First) Theodore		b. (Middle) Pleacher	
c. (Last) Pleacher		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 10, 1891
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Oiler	11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia
10b. KIND OF BUSINESS OR INDUSTRY Cement plant		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Pete Pleacher		13b. MOTHER'S MAIDEN NAME Sarah Pleacher	
14. NAME OF HUSBAND OR WIFE Bessie Pleacher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Pleacher, Sugar Creek, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial failure DUE TO (c) Cerebral apoplexy 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	
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)		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 9-10, 1955, to 9-13, 1955, that I last saw the deceased alive on 9-13, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.	
23a. SIGNATURE C. M. Cernech (Degree or title) C. M. Cernech D.O.		23b. ADDRESS 10023 Wilton K Mo	
23c. DATE SIGNED 9-16-55		24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	
24b. DATE 9/17/55		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	
24d. LOCATION (City, town, or county) (State) Independence, Mo.		DATE REC'D BY LOCAL REG. 9-16-55	
REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. G. Carson Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Harold E. Keeler*

Licensed Embalmer No. *460*

P. O. Address *Indep. M.*

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.