

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40381

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Pennsylvania</b> b. COUNTY <b>Unk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Plymouth Pennsylvania</b>	
c. LENGTH OF STAY (In this place) <b>12/Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>437 S</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>James</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Platt</b>		II 25 55	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8/16/1880</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>shop work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Plymouth Pennsylvania</b>
		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Platt</b>		13b. MOTHER'S MAIDEN NAME <b>Margret Cannon</b>	
		14. NAME OF HUSBAND OR WIFE <b>Virgina Platt Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No no</b>		16. SOCIAL SECURITY NO. <b>499-12-5304</b>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Welfare Office Ironton, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify) <b>HOMICIDE</b>		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 <b>Nov. 28 1955 to Nov 28, 1955</b> , that I last saw the deceased alive on <b>Nov 23, 1955</b> , and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. H. McLaughlin, M.D.</b>		23b. ADDRESS <b>Ironton, Mo.</b>	
		23c. DATE SIGNED <b>11-25-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11/26/55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Glover Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Glover Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-3-55</b>		REGISTRAR'S SIGNATURE <b>Mrs. Aris Jones</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Howell Funeral Home Ironton</b>	
		ADDRESS <b>Ironton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Student Embalmer

Signed.....

*C. A. Knell*

Licensed Embalmer No. 3670

P. O. Address Worton, W

*Worton, W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.