

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1760

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>					
b. CITY OR TOWN <u>WARRENSBURG</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>CONCORDIA</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>WARRENSBURG MEDICAL CENTER</u>				e. STREET ADDRESS (If rural, give location) <u>513 ST. LOUIS ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>J.</u> c. (Last) <u>PLOEGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26 1956</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 17, 1918</u>			
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELEVATOR WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN ELEVATOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON COUNTY, MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM PLOEGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KOPPELBRIN</u>		14. NAME OF HUSBAND OR WIFE <u>DORATHIA PLOEGER</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ED. PLOEGER CONCORDIA MO</u>					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				DUE TO (b) <u>Cerebral atherosclerosis</u>				<u>10 min</u> <u>several years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-Renal disease</u>				<u>several years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>332X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>1-14-</u> 19 <u>56</u> , to <u>1-26-</u> 19 <u>56</u> , that I last saw the deceased alive on <u>1-26-</u> 19 <u>56</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Keith D. Jones M.D.</u>				23b. ADDRESS <u>Warrensburg, Mo</u>				23c. DATE SIGNED <u>1-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 30, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Jones</u>		ADDRESS <u>Concordia, Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

JOHNSON COUNTY HEALTH DEPT.
REGISTERED
FEB 8 1956

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 *me*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. S. James

Licensed Embalmer No. *20*

P. O. Address *Conrad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.