No. 300
10.48

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12630
State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN Pleasant View Twp (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 2yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pleasant View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL, CAMP BRANCH 0190
d. STREET ADDRESS (If rural, give location) Garden City, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First) CAROLINE
b. (Middle)
c. (Last) PLANK

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1956

5. SEX FEMALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH April 17, 1869
9. AGE (If years last birthday) 86 — If under 1 year: Months 11, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Ulrich, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Moore
13b. MOTHER'S MAIDEN NAME Clarrisa (unknown)
14. NAME OF HUSBAND OR WIFE Simon P. Plank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Elsie Leona Plank — **ADDRESS** Garden City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — several years
DUE TO (c)

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 3.31X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8, 1954, *to* 4-9, 1956, *that I last saw the deceased alive on* 4-8, 1956, *and that death occurred at* 10:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Leoburn Ellis MD (Degree or title)
23b. ADDRESS Fenton Mo
23c. DATE SIGNED 4/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/11/56
24c. NAME OF CEMETERY OR CREMATORY Clearfork Cemetery
24d. LOCATION (City, town, or county) East Lynne, Missouri (State)

DATE REC'D BY LOCAL REG. Apr 11, 1956
REGISTRAR'S SIGNATURE Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Dickey — **ADDRESS** Garden City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 16 1956
HEALTH DEPARTMENT

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 Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Farmington, Mo.

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