

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15818**

BIRTH NO. _____		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 411a		Registrar's No. 34			
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton					
b. CITY (If outside corporate limits, write RURAL and give township) Salisbury		c. LENGTH OF STAY (In this place) Approx 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Salisbury		d. STREET ADDRESS (If rural, give location) 105 East 4th St. 0210			
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 East 4th St.				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) Melissa		a. (First)		b. (Middle) -		c. (Last) Plattner			
4. DATE OF DEATH (Month) (Day) (Year) May 22 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Feb 6 1873		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Chariton County Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry Sinclair		13b. MOTHER'S MAIDEN NAME Melissa Williams		14. NAME OF HUSBAND OR WIFE Harry Plattner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-42-7843		17. INFORMANT'S SIGNATURE OR NAME Mr. Robert Copeland		ADDRESS Salisbury 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				INTERVAL BETWEEN ONSET AND DEATH 72 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia				ANTECEDENT CAUSES DUE TO (b) Carcinoma (Gastric)				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension								5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma (Gastric)						20. AUTOPSY? YES <input checked="" 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)	
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 April 1, 1956 to June 23, 1956 that I last saw the deceased alive on June 21, 1956 , and that death occurred at 5:20 AM. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. L. Richhorn M.D.				23b. ADDRESS Salisbury Mo.				23c. DATE SIGNED 5/22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremaion		24b. DATE 5/24/56		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery Crematory		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 5/22/56		REGISTRAR'S SIGNATURE E. L. Richhorn		25. FUNERAL DIRECTOR'S SIGNATURE Chas B Winkelmeyer		ADDRESS Salisbury Mo.			

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Chas B Winhelmy

Licensed Embalmer No. *3842*

P. O. Address *Salisbury Md*

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

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