

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22850**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **778**

1. PLACE OF DEATH a. COUNTY <i>Buchanan.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Joseph.</i>		c. CITY OR TOWN <i>Concordia</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <i>46 yrs. 7M-29D</i>		e. STREET ADDRESS (If rural, give location) <i>0540</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>State Hospital No. 2.</i>			

3. NAME OF DECEASED a. (First) <i>EMMA.</i> b. (Middle) <i>—</i> c. (Last) <i>PLANDERMEYER.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7-17-1956.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>?-?-1871.</i>
9. AGE (In years last birthday) <i>85</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Concordia Missouri.</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>None.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>—</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>	16. SOCIAL SECURITY NO. <i>none.</i>	17. INFORMANT'S SIGNATURE AND NAME <i>William Plaudermeyer</i>
		ADDRESS <i>Concordia Mo.</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs +</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Simple Schizophrenia</i>		19. DATE OF OPERATION <i>4221</i>	
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) (Minute)	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 9-18-1950, to 7-17-1956, that I last saw the deceased alive on 7-16-1956, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Thomas.</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>State Hospital No. 2, St. Joseph, Mo.</i>	23c. DATE SIGNED <i>7-17-1956</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>July 17-1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Concordia Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Concordia Mo.</i>
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DATE REC'D BY LOCAL REG. <i>July 19, 1956</i>	REGISTRAR'S SIGNATURE <i>Esther M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Edman Joseph</i>	ADDRESS <i>Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

4830

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 *Raymond H. Merches*.....

Licensed Embalmer No. *441*.....

P. O. Address *St. Joseph*.....

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.