

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32101**  
**3961**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before distribution). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>45 yrs.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>4600 J C Nichols Parkway</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OLIVE</b>	b. (Middle) <b>M.</b>	c. (Last) <b>PLANCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 22, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 20, 1875</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wks. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bethany, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JOHN PERRY DEVERS</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH SPENCER</b>	14. NAME OF HUSBAND OR WIFE <b>W. B. Planck</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Russell Planck</b>	ADDRESS <b>4600 J.C. Nichols Park Lane Hotel</b>
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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, asthma, 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) <b>Renal Insufficiency + Azotemia</b>		<b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Vascular Sclerosis</b>		<b>2 years</b>
DUE TO (c) <b>Arterial Hypertension</b>		<b>2 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Transfusion Reaction with hepatitis</b>		<b>3 weeks</b>	

19a. DATE OF OPERATION <b>7-31-57</b>	19b. MAJOR FINDINGS OF OPERATION <b>fractured hip</b>	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City</b> (COUNTY) <b>Jackson</b> (STATE) <b>Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-29-57</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell on floor</b>

22. I hereby certify that I attended the deceased from **Jan 10, 1927**, to **Aug 22, 1957**, that I last saw the deceased alive on **Aug 22, 1957** and that death occurred at **9:00pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Graham Asher M.D.</b>	23b. ADDRESS <b>1220 Professional Bldg. Kansas City 6-400</b>	23c. DATE SIGNED <b>8-22-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-23-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Temple</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>8-23-57</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; McClure K. C. Mo.</b>	

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

