Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1958

58-005778
STATE FILE NUMBER 1000

Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 1123 West 76th St. — Length of stay in Hospital 62 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1123 West 76th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Edward Middle Orville Last Plowman

4. DATE OF DEATH: Month Feb. Day 22 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 5, 1883
9. AGE (In years at last birthday) 74 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendant-Ambulance Div-K.C.Mo.Health Dept.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eli Plowman
13b. MOTHER'S MAIDEN NAME —
14. NAME OF HUSBAND OR WIFE Mary Ann ~~Reilly~~ PLOWMAN

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. 493-22-0431
17. INFORMANT Mrs Nora Cunningham Address 1123 W.76th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) Coronary Arteriosclerosis — 4251
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956 to Feb. 22, 1958 and last saw him alive on Feb. 22, 1958
Death occurred at 10:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Twin (Degree or title) M.D.
22b. ADDRESS 701 E. 63rd
22c. DATE SIGNED 2/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal(auto)
23b. DATE Feb.25,1958
23c. NAME OF CEMETERY OR CREMATORY St.Joseph's
23d. LOCATION (City, town, or county) (State) Shawnee, Kas.

24. FUNERAL DIRECTOR Thomas E.Quirk ADDRESS 4316 Troost Ave.
25. DATE RECD. BY LOCAL REG. 2-24-58
26. REGISTRAR'S SIGNATURE Nora Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

E. J. Twin

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.