

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040366

STATE FILE NUMBER

NOV 18 1958 Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 480

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i> (Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
c. CITY (If outside corporate limits, give TOWNSHIP only) <i>Independence</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWNSHIP <i>Independence</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>11525 E. Ind. Ave</i>		Length of stay in lb <i>4 1/2 hrs</i>	d. STREET ADDRESS (If outside, give location) <i>700 11525 E. Ind. Ave</i>
3. NAME OF DECEASED (Type or print) First <i>Viola</i> Middle <i>Isabella</i> Last <i>Plain</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>9.</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 12 1893</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Elevston, Ill.</i>
9c. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months <i>6</i> Days <i>27</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. NAME OF HUSBAND OR WIFE <i>Christopher Plain</i>	
14. FATHER'S NAME <i>Charles Peters</i>		15. MOTHER'S MAIDEN NAME <i>Lillian Arnold</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 <i>Christopher Plain</i>		Address <i>11525 E. Ind. Ave</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Chronic Sclerosis with 1 year</i> DUE TO (c) <i>Advanced Fibrillation</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>4201</i>	
20c. TIME OF INJURY Hour _____ :Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Fred W. Spink M.D.</i> (Degree or title)		22b. ADDRESS <i>10229 Redwood KC Mo</i>	22c. DATE SIGNED <i>11-11-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Nov 13 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>
23d. LOCATION (City, town, or county) <i>Independence Mo</i>		(State)	
24. FUNERAL DIRECTOR <i>Poland B. Spinks Ind. Mo</i>		25. DATE RECD. BY LOCAL REG. <i>11-12-58</i>	26. REGISTRAR'S SIGNATURE <i>James Craig</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

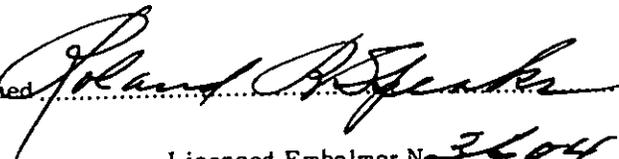
MEDICAL CERTIFICATION

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. 3404

P. O. Address Judy 200

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.