

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009804

FILED APR 15 1959

Registration District No. 146 Primary Registration District No. 3026 STATE FILE NUMBER 764 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City 3538</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Indep. Sanitarium</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>3117 Wayne</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LESLIE</b> Middle <b>LE ROY</b> Last <b>PLUNKETT</b>			4. DATE OF DEATH Month <b>April</b> Day <b>5</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 29, 1934</b>	9. AGE (In years last birthday) <b>24</b> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Diesel Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cummins Diesel</b>	11. BIRTHPLACE (City and state or country) <b>Butler, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Leslie William Plunkett</b>		13b. MOTHER'S MAIDEN NAME <b>Irma Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Joanna B. Pluckett</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>555-42-9590</b>		17. INFORMANT Address <b>Mrs. Joanna Plunkett 3117 Wayne</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shots &amp; shrapnel, resulting from</b> <b>fractured skull, crushing injuries of chest</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>&amp; Ruptured Liver &amp; Spleen</b> DUE TO (c) <b>&amp; Ruptured Liver &amp; Spleen</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <b>Auto ran off road 600 ft. east of 40hiway &amp; 71</b>			
20c. TIME OF INJURY Hour <b>2:35</b> Month <b>4</b> Day <b>5</b> Year <b>59</b> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>600 ft. east of 40hiway Jackson, Missouri &amp; 71 by-pass 740</b>	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W.C. Goroner Deputy 3</b>			22b. ADDRESS <b>6627 Prospect - Kansas City, Mo.</b>		22c. DATE SIGNED <b>4-5-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bur. &amp; Rem.</b>		23b. DATE <b>4/8/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Butler cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Mo.</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>		ADDRESS <b>1800 Linwood</b>		25. DATE RECD. BY LOCAL REG. <b>4-8-59</b>	26. REGISTRAR'S SIGNATURE <b>James S. Goff</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOT REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE DIVISION OF HEALTH OF MISSOURI

APR 15 1959

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 *Dean W. Huff* .....

Licensed Embalmer No. *4914* .....  
P. O. Address *Indy, Mo.* .....

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.