

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039562

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 15-116 Primary Registration District No. 3020 Registrar's No. 248

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY FRANKLIN	a. STATE MO. b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) WASHINGTON	Length of stay in lb	c. CITY OR TOWN UNION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 401 SO. OAK ST.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First MARIE	Middle C.	Last PLATT	Month NOV.	Day 8	Year 1959

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 3, 1911	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE	UNION, MO.	U.S.A.

13a. FATHER'S NAME ROBERT SCHILLER	13b. MOTHER'S MAIDEN NAME CATHERINE DANZ	14. NAME OF HUSBAND OR WIFE JOHN PLATT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT JOHN PLATT	Address UNION, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hepatic Coma	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	14 mos.
	Carcinomatosis metastatic	
	DUE TO (c)	16 mos.
	Carcinoma of breast	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from July 1958 to Nov 8, 1959 and last saw ^{her}him alive on Nov. 8, 1959
Death occurred at 11:030 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>George Richardson, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Medical Arts Clinic, Union, Mo.</i>	22c. DATE SIGNED <i>Nov 9, 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION	23d. LOCATION (City, town, or county) UNION, MO.	(State)
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME	ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. <i>11/12/59</i>	26. REGISTRAR'S SIGNATURE <i>J.R. Hutchinson, Jr.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 6 T AON SA

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, N

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.