

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-030740

FILED VS AUG 23 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4092

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 1 hour	c. CITY OR TOWN INDEPENDENCE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 1301 West 29th St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle HOBERT Last PLUMMER			4. DATE OF DEATH Month AUGUST Day 8, Year 1960			
5. SEX MALE	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 8-25-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PAC. R.R.	11. BIRTHPLACE (City and state or country) WALNUT SHADE, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME LEVI PLUMMER		13b. MOTHER'S MAIDEN NAME SUSANNA LAMB		14. NAME OF HUSBAND OR WIFE ANNA A. PLUMMER		

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. 702-18-1788	17. INFORMANT Anna A. Plummer, 1301 W. 29th St., Indep. 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: IMMEDIATE CAUSE (a) Acute myocardial decompensation,		INTERVAL BETWEEN ONSET AND DEATH 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardiovascular disease. Years	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 8-8-60 to 8-8-60	COUNTY 8-8-60	STATE
21. I attended the deceased from 8-8-60 to 8-8-60 and last saw her/him alive on 8-8-60 Death occurred at 11:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J.E. Castles (Degree or title) M. D.	22b. ADDRESS 305 East 12th St. Kansas City, Mo.	22c. DATE SIGNED 8-9-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-10-60	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG. 8-9-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Castles

BY AFFIDAVIT OF

AUG 31 1960

new
1-5031

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd C. Cass

Licensed Embalmer No. #19

P. O. Address Indep. St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.