

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008268

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 92

STATE FILE NUMBER

AMENDED

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
Length of stay in <u>57 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>401 E. Fifth</u>		d. STREET ADDRESS (If outside, give location) <u>912 W. Fifth</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>William</u> Last <u>Plessner</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/2/1903</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Co.</u>		11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>	
13a. FATHER'S NAME <u>Frank Plessner</u>		13b. MOTHER'S MAIDEN NAME <u>Broline Grope</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin Plessner</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes W.W. 2

16. SOCIAL SECURITY NO. W.W. 2

17. INFORMANT Edwin Plessner, Washington, Mo. Address 912 W. Fifth St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial infarction due to
 DUE TO (b) thrombotic heart disease
 DUE TO (c) trauma - auto

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
heart attack

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 1:45 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 1:45 P.M. to 1:45 P.M. and last saw her/him alive on 4/6/61.
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin Plessner (Degree or title)
22b. ADDRESS 912 W. Fifth St. Washington, Mo.
22c. DATE SIGNED 4/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial
23b. DATE Apr. 6, 1961
23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
23d. LOCATION (City, town, or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR W. H. Witt ADDRESS Washington, Mo.
25. DATE RECD. BY LOCAL REG. 4/5/61
26. REGISTRAR'S SIGNATURE J. P. ...

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 18 1961

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 Lester A. Vitt

Licensed Embalmer No. 3254
P. O. Address Washington, W

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.