

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-033711

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 3B Primary Registration District No. 5120 Registrar's No. 567

STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY Boone  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in lb 10 day  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Rest Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Boone  
 c. CITY OR TOWN Hartsburg Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Malinda Emma Plaster  
 4. DATE OF DEATH Month Day Year Oct 4 1962  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH Dec 21 1871 9. AGE (last birthday) 70  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) Chamois Mo USA 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Fritz Ackman 13b. MOTHER'S MAIDEN NAME Emma Armsmeyer 14. NAME OF HUSBAND OR WIFE Elbert Plaster  
 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. ✓ 17. INFORMANT Address Elbert Plaster Hartsburg Mo

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 INTERVAL BETWEEN ONSET AND DEATH 1 day  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 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) diabetes mellitus  
 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 Month, Day, Year  
 a.m. p.m.

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 10/3/62 to 10/4/62 and last saw her live on 10/3/62  
 Death occurred at 8:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. A. Moravsek, II, M.D. 22b. ADDRESS Columbia, Missouri 22c. DATE SIGNED 10/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct 6, 1962 23c. NAME OF CEMETERY OR CREMATORY MT Pleasant Cem 23d. LOCATION (City, town, or county) (State) Hartsburg Mo

24. FUNERAL DIRECTOR ADDRESS Wm C Burnett Ashland Mo 25. DATE RECD. BY LOCAL REG. Oct. 5, 1962 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

VS 300 Rev. 4/59  
 0109  
 3100-  
 3  
 4 1  
 5 1  
 6  
 7 0  
 8 2  
 9420.1  
 10  
 11  
 1286-0  
 133-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 21 1962

**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 W<sup>m</sup> L. Burnett

Licensed Embalmer No. 3564

P. O. Address \_\_\_\_\_

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.