

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43588**
5440

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | | | |
|---|--|---|---|--|--|
| 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, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 1700 Prospect |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Lakeside Hospital | | | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Garfield c. (Last) Plew | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1950 | | |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|--|--|--|--|-------------------------------|----------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | 8. DATE OF BIRTH Sept. 13, 1950 | | 9. AGE (In years last birthday) 3 | # UNDER 1 YEAR Days 12 | # UNDER 12 HRS. Mln. _____ |
|--------------------|-------------------------------|--|--|--|--|-------------------------------|----------------------------|

| | | | | | | |
|---|--|---|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|---|--|---|---|--|---|--|

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|--|--|---|--|-----------------------------------|--|
| 13a. FATHER'S NAME Merlin K. Plew | | 13b. MOTHER'S MAIDEN NAME Ellen Jesse Oliver | | 14. NAME OF HUSBAND OR WIFE _____ | |
|--|--|---|--|-----------------------------------|--|

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|---|-------------------------------------|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Merlin Plew | | ADDRESS 1700 Prospect K.C., Mo. | |
|---|-------------------------------------|--|--|--|--|

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|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apex Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fungus (Coccidioides Immitis) (Coccidioidomycosis) DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 1337 | |

| | | | | | |
|------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION (Case also reported) | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
|------------------------------|--|--|--|--|--|

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|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
|--|--|---|--|

| | | | | |
|---|--|----------------------------------|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | | |
|---|--|----------------------------------|--|--|

22. I hereby certify that I attended the deceased from **Dec 21, 1950**, to **Dec 25, 1950**, that I last saw the deceased alive on **Dec 25, 1950** and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Ralph H. Miller (Degree or title) | | 23b. ADDRESS 2400 1/2 E 24th | | 23c. DATE SIGNED 1/26/50 | |
|---|--|-------------------------------------|--|---------------------------------|--|

| | | | | | |
|---|---------------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/28/50 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem. | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
|---|---------------------------|--|--|--|--|

| | | | | | |
|--|--|--|---|--|--|
| DATE REC'D BY LOCAL REG. 12-26-50 | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo. | | |
|--|--|--|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

Dr. [unclear]
Dr. [unclear]
Dr. [unclear]

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James W. Earp*
Licensed Embalmer No. *4622*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.