S. No. 300
F. 10-48

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17297

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. _____

0680
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Centertown~~ Walker
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural 5 M north of Centertown, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centertown, Missouri 0680
d. STREET ADDRESS (If rural, give location): Rural 5 M north of Centertown, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Charles
c. (Last): Planer

4. DATE OF DEATH (Month) (Day) (Year): May 28 1952

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Sept 9--8--1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad & Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Golden Eagle, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Miachel Planer
13b. MOTHER'S MAIDEN NAME: Elizabeth Grieshammer
14. NAME OF HUSBAND OR WIFE: Anna Rachiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 488-12-7804
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Daughter, Beatrice Vollmer, Centertown — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arthritis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — 3 years
DUE TO (c): Mineral Arthritis — 15-20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5231
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1952, *to* May 28, 1952, *that I last saw the deceased alive on* May 28, 1952, *and that death occurred at* 12:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carlton Warrifield D.O.
23b. ADDRESS: Centertown, Mo
23c. DATE SIGNED: 5/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31 1952
24c. NAME OF CEMETERY OR CREMATORY: St Charles Cemetery
24d. LOCATION (City, town, or county): St Charles (State) Mo

DATE REC'D BY LOCAL REG.: June 7 1952
REGISTRAR'S SIGNATURE: HR Popyoy LR
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher — ADDRESS: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 1966

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 .....
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3721

P. O. Address Jefferson 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.