

V. S. No. 300
Rev. 10-48

REC'D JUL 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5812
5813
4348
State File No. 21267
Registrar's No. 11

Card 0700
1

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

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie</u>		c. LENGTH OF STAY (In this place) <u>7 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie</u>		<u>0700</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles East of Wellsville</u>				d. STREET ADDRESS (If rural, give location) <u>7 miles east of Wellsville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDRICK</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>PLETTENBERG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 1, 1871</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR (Month) (Day) <u>7 24</u>		IF UNDER 24 HRS. (Hour) (Min.) _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, Illinois</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>U.S. A.</u>			13a. FATHER'S NAME <u>Carl Plettenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Fingerhott</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cecil West Wellsville Mo</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>20 Jan</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.) _____		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 <u>June 23, 1952</u> to <u>June 25, 1952</u> , that I last saw the deceased alive on <u>June 25, 1952</u> , and that death occurred at <u>3:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Wallrod - 2</u>				23b. ADDRESS <u>Wellsville Mo</u>		23c. DATE SIGNED <u>6/25/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East of Wellsville</u>			
DATE REC'D BY LOCAL REG. <u>6-28-52</u>		REGISTRAR'S SIGNATURE <u>W. S. Roman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Roman</u>					

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

W B Kelly

Licensed Embalmer No. *1988*

P. O. Address *Stallville 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.