

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3594

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>37 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>3235 GILLHAM PLAZA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3235 GILLHAM PLAZA</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMERY</u> b. (Middle) <u>M.</u> c. (Last) <u>PLANK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-9-52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct. 7, 1886</u>		9. AGE (In years last birthday) <u>65</u>		10. F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FUNERAL DIRECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STINE &amp; MCCLURE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GARDEN CITY, MISSOURI.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>CHRISTIAN C. PLANK</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA A. YODER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. LENA PLANK</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.#1</u>		16. SOCIAL SECURITY NO. <u>487-05-7113</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LENA PLANK - 3235 GILLHAM PLAZA</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction -</u>		DUPLICATE			<u>1 hour</u>
ANTECEDENT CAUSES		DUE TO (b) <u>coronary occlusion (recurrent)</u>			<u>1 hour</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>arteriosclerosis</u>			<u>? years</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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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?
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22. I hereby certify that I attended the deceased from April, 1947, to Aug 9, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Paul Wright</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City, 6th Mo</u>		23c. DATE SIGNED <u>Aug 9, 52</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN CITY, MISSOURI.</u>	
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DATE REC'D BY LOCAL REG. <u>8-11-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; MC CLURE KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Ernest Kerson

Licensed Embalmer No. 4633

P. O. Address Remond 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.

*Mr. Kerson  
a body  
Prof. 1301  
has*