

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1105

State File No.

FILED FEB 8 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Henry	
b. CITY OR TOWN Brownington	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Brownington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0420	

3. NAME OF DECEASED (Type or Print) a. (First) Philip b. (Middle) Plotkin c. (Last) Plotkin			4. DATE OF DEATH (Month) (Day) (Year) 1 28 1954		
5. SEX Male	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1898	9. AGE (in years last birthday) 55	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Irving Plotkin		13b. MOTHER'S MAIDEN NAME Ida Feldman		14. NAME OF HUSBAND, OR WIFE Jennie	
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. none	17. INFORMANT'S SIGNATURE OR NAME Alvin Plotkin 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pertussis wad infection			INTERVAL BETWEEN ONSET AND DEATH 30 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
	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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **DOA**, 19____, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Lowell M.D. (Coroner)		23b. ADDRESS Clinton mo		23c. DATE SIGNED 1/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-29-54	24c. NAME OF CEMETERY OR CREMATORY K. C. Mo	24d. LOCATION (City, town, or county) (State) K. C. Mo	
DATE REC'D BY LOCAL REG. Jan-29-54	REGISTRAR'S SIGNATURE Florence Adair	423	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Louis ADDRESS Funeral Home	

(Licensed Embalmer's Statement on Reverse Side)

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

no. 300
0.48

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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.....
Richard L. Lewis

Licensed Embalmer No. *31*

P. O. Address *Lawrence*

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.