

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12200**  
**1736**

BIRTH NO. **403123109-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		9158
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2909 South 53<sup>rd</sup> Street</b>		
3. NAME OF DECEASED (First Middle Last) <b>William Joseph Plummer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-17-54</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>4-15-54</b>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>William E. Plummer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Margaret Smith</b>		14. NAME OF HUSBAND OR WIFE	
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. <b>0-0-0</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mr. William Plummer R.C. 72</b>	

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) <b>Intrauterine asphyxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days 10 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cause undetermined</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<b>7620</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **4-15-1954**, to **4-17-1954** that I last saw the deceased alive on **4-17-1954**, and that death occurred at **2:55 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Angelo Lapi</b>		23b. ADDRESS <b>101 Memorial Drive</b>		23c. DATE SIGNED <b>4/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 17-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olathe</b>	24d. LOCATION (City, town, or county) (State) <b>Olathe Kansas</b>		
DATE REC'D BY LOCAL REG. <b>4-17-54</b>		REGISTRAR'S SIGNATURE <b>Sherdine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>H. E. Julien Olathe Kas.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 E Julian

Licensed Embalmer No. 2042

P. O. Address Olathe Kas

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.