

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4914

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township)
KANSAS CITY

c. CITY OR TOWN Kansas City

d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

STREET ADDRESS (If rural, give location) 3200 East 32nd Street

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Sterling c. (Last) Plater

4. DATE OF DEATH (Month) (Day) (Year) October 22 1954

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-27-16

9. AGE (In years last birthday) 38 37 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Bunceton, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Calvin Plater

13b. MOTHER'S MAIDEN NAME Lottie Henderson

14. NAME OF HUSBAND OR WIFE Helen Plater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II

16. SOCIAL SECURITY NO. 496056850

17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records ADDRESS K. O. Mo.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma anaplastic, metastatic to cervical lymph nodes & liver, Origin undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 6 mos.

1996

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

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 Aug 19, 1954, to Oct 22, 1954, that I have signed the certificate of death on 10/22/54, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. J. Richardson (Degree or title) MD

23b. ADDRESS VA Hospital

23c. DATE SIGNED 10/22/54

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE 10/26/54

24c. NAME OF CEMETERY OR CREMATORY Bunceton, Cemetery

24d. LOCATION (City, town, or county) (State) Bunceton, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 10-25-54 neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.E. Davis Funeral Home 1415 Spruill

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

X

+

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 *Landis H. Jackson*.....

Licensed Embalmer No. 48

P. O. Address K. C. M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.