No. 300
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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13799

State File No.

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENSBURG, MO
c. LENGTH OF STAY (In this place): 82 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WARRENSBURG MEDICAL CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN: CONCORDIA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 513 ST. LOUIS ST.

0540
1

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHEA
b. (Middle): ALWINA
c. (Last): PLOEGER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 13 56

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: JULY 2. 1882

9. AGE (In years last birthday): 73
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and State or Foreign Country): GERMANY 4

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOUIS RUEHER

13b. MOTHER'S MAIDEN NAME: DORA HAHN

14. NAME OF HUSBAND OR WIFE: HENRY J. PLOEGER DECEASED

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

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME: MRS CAROLINE SMITH
ADDRESS: CHICAGO, ILL

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

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

DUE TO (b) Coronary occlusion — 12 hrs

DUE TO (c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Electrolyte dysbalance

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

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) m.

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* January 20 1956 *to* April 13, 1956, *that I last saw the deceased alive on* Apr 13, 1956 *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Keith D. Jones M.D.
23b. ADDRESS: Warrensburg, Mo
23c. DATE SIGNED: 4-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/16/56
24c. NAME OF CEMETERY OR CREMATORY: BETHEL CEMETERY
24d. LOCATION (City, town, or county) (State): CONCORDIA, MO

DATE REC'D BY LOCAL REG.: Apr. 19, 1956
REGISTRAR'S SIGNATURE: Savannah Crutchfield
25. FUNERAL DIRECTOR'S SIGNATURE: E. A. Jones
ADDRESS: Concordia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by .....Mrs....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. S. James.....

Licensed Embalmer No. 2 0 ...

P. O. Address Concordia

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