

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040304

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5677 STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b Life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5543 Harrison			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Horace Middle H. Last Plattenburg				4. DATE OF DEATH Month Nov. Day 22, Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 1, 1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent			10b. KIND OF BUSINESS OR INDUSTRY Bordens Milk Co.		11. BIRTHPLACE (City and state or country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Walter Lee Plattenburg			13b. MOTHER'S MAIDEN NAME Luela Wilkinson			14. NAME OF HUSBAND OR WIFE Elizabeth Winn Plattenburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I.			16. SOCIAL SECURITY NO. 489-10-9629	17. INFORMANT Address 5543 Harrison Mrs. Elizabeth W. Plattenburg			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Toxemia							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Bladder							2 yrs
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 11 Month, Day, Year 11-22-1959 a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1957 11-22-1959 and last saw her alive on 22 Nov 1959 Death occurred at 22 Nov 1959 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H E Carlson MD				22b. ADDRESS 1316 Professional Bldg		22c. DATE SIGNED 22 Nov 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/24/59	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City Mo.			
24. FUNERAL DIRECTOR Stine & McClure			ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 11-24-59	26. REGISTRAR'S SIGNATURE Neve Merrihall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. E. CARLSON

State

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 Eugene T. Linn

Licensed Embalmer No. 4633

P. O. Address K. C. 2410

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.