

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8885

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 299

117  
2

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dave</u>	
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>44-10-7-42</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		c. CITY OR TOWN <u>Lallatin</u> 0310 d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearley</u> b. (Middle) <u>Plummer</u> c. (Last) <u>Plummer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 15 1883</u>
9. AGE (In years last birthday) <u>69</u>		# UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taunter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> C
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Plummer</u>	
13b. MOTHER'S MAIDEN NAME <u>Christine Sailor</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Plummer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Plummer</u> ADDRESS <u>Lallatin Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <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 <u>Jan 1, 1953</u> , to <u>March 7, 1953</u> , that I last saw the deceased alive on <u>Feb 6, 1953</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Horrest Thomas M.D.</u> (Degree or title)		23b. ADDRESS <u>St Josephs Mo or State Hosp no 2</u>	
23c. DATE SIGNED <u>3/7/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>2-7-53</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Gallatin Cem.</u> 24d. LOCATION (City, town, or county) (State) <u>Gallatin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Irving P. Belmont</u> 1485 <u>Deputy Registrar</u> 52 25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett Clark</u> ADDRESS <u>1205 Illinois Hox.</u>	

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 \_\_\_\_\_

working under my personal supervision:

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ernest Clark*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4338

P. O. Address St. Joseph Mo.

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