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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25583**

FILED AUG 10 1953

*W. C. Collier*  
569  
3-045  
Registrar's No. **112**

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>3-045</b>		Registrar's No. <b>112</b>	
1. PLACE OF DEATH a. COUNTY <b>Livingston Co</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>CHLDWELL</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>RT 5 CHILUCOTHE TWP</b>		c. LENGTH OF STAY (In this place) <b>3 Mo 16 DA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BRECKENRIDGE, Mo</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT. 5 CHILUCOTHE</b>				d. STREET ADDRESS (If rural, give location) <b>0130</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>ELMER</b>		c. (Last) <b>PLUMMER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-27-1953</b>	
5. SEX <b>M-0</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never MARRIED</b>		8. DATE OF BIRTH <b>5 July 1880</b>	
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Druggist</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CAROL Co. ELK GROVE</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Druggist</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>ENOCH PLUMMER</b>			13b. MOTHER'S MAIDEN NAME <b>Susan Brans</b>			14. NAME OF HUSBAND OR WIFE <b>✓</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HAROLD HIGGINS, Chillicothe</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronociditis</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 <b>Sudden</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>				20. AUTOPSY? YES <input 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 <b>Nov 2</b> , 19 <b>52</b> , to <b>7-27</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7-4</b> , 19 <b>53</b> , and that death occurred at <b>11:30 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. C. Collier</i>				23b. ADDRESS <b>Chillicothe Mo</b>		23c. DATE SIGNED <b>8-1-53</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-29-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery Breckenridge, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-5-53</b>		REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Collier</b> ADDRESS <b>W. C. Collier Funeral Home, Breckenridge, Mo.</b>			

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 embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*George D. Kinnell*

Licensed Embalmer No. *4250*

P. O. Address *Buckhamside, Tex*

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.