

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29432

State File No.

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No.

30 - 1

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u> | |
| c. LENGTH OF STAY (In this place) <u>38 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>2730</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | |

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|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Vianna</u> b. (Middle) _____ c. (Last) <u>Plummer</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1953</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, <u>9</u> WIDOWED, DIVORCED (Specify) | |
| 8. DATE OF BIRTH <u>June 5, 1858</u> | | 9. AGE (In years last birthday) <u>95</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>Seth Harvey</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Cynthia Ann McCreedy</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mark Plummer</u> | | | |

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|--|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. O. Plummer, Seneca, Mo.</u> | |
|--|--|-------------------------------------|--|---|--|

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|---|--|---|--|--|--|----------------------------------|--|
| 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>Hypertension -</u> <u>apoplexy -</u> 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. <u>Infirmity -</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
|---|--|---|--|--|--|----------------------------------|--|

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|--|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>334X</u> | | | | 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 June 1, 1952 to Aug 8, 1953 that I last saw the deceased alive on July 25, 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>M. O. Plummer M.D.</u> | | 23b. ADDRESS <u>Seneca MO</u> | | 23c. DATE SIGNED <u>8-10-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-11-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Seneca Mo.</u> | | | | | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>8-12-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Beddleson Seneca Mo</u> | |
|---|--|---|--|---|--|

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 853-159

Date Filed AUG 20 1953

NEOSHO, MISSOURI

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 W. B. [Signature]

Licensed Embalmer No. 2174

P. O. Address Seneca 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.