

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

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3510**

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 543 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2109</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings, Mo.</b>		c. LENGTH OF STAY (In this place) <b>2 Years</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elms Nursing Home</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>E.</b> c. (Last) <b>Plummer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 3, 1954</b>		
5. SEX <b>Male</b> <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1872</b>		9. AGE (In years last birthday) <b>81</b> 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) <b>Retired R.R. Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R. R. Terminal</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Batchtown, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Plummer</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Heffington</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</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 AND ADDRESS <b>Mr James T. Plummer, 830 Fontaine Place.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec 10, 1951, to Jan 3, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Livia Lettenmaier MD</b>		23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>1/5/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-6-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wilson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Batchtown, Illinois</b>
DATE REC'D BY LOCAL REG. <b>1-5-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>	

SN (Licensed Embalmer's Statement on Reverse Side)

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**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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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