

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34398

State File No. 92

FILED NOV 10 1954

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Joachim</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>BISMARCK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>R#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JUAN</u> b. (Middle) <u>Le Roy</u> c. (Last) <u>Plummer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 54</u>		
5. SEX <u>Male</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>Dec 23, 1918</u>		9. AGE (In years last birthday) <u>35</u> If UNDER 1 YEAR: Months <u>10</u> Days <u>0</u> If UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Knoblick, Mo.</u>	
13a. FATHER'S NAME <u>George Plummer</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian Banks</u>		14. NAME OF HUSBAND/OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Plummer River Mines Mo.</u> ADDRESS		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Skull due to auto</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accident fracture of arms & legs</u> DUE TO (c) <u>due to accident between car & tractor trailer struck on Hwy 67</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>tractor trailer struck on Hwy 67</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>South 7 Junction 61-67</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 27, 54 3:45 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident 050 E 816 1 20</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Benton Edward M.D. Coroner</u>	23b. ADDRESS <u>Cedar Hill, Mo</u>	23c. DATE SIGNED <u>Oct 28, 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 31, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flat River</u>	24d. LOCATION (City, town, or county) (State) <u>Flat River, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-28-54</u>	REGISTRAR'S SIGNATURE <u>Jesse C. Rogers</u>	502 GENERAL DIRECTOR'S SIGNATURE <u>Anthony R. Pelletti</u> ADDRESS <u>St. Charles City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 3 1954

DEC 10 1954

NOV 19 1954

JAN 1 1955
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 *Gulley P. Pillette*

Licensed Embalmer No. *346*

P. O. Address *Crystal*

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.