

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41657**

FILED DEC 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 54693 Registrar's No. 18

570

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dawn Blue Mt. Twp</u>		c. LENGTH OF STAY (in this place) <u>24 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dawn</u>		<u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>THOMAS</u>			b. (Middle) _____			c. (Last) <u>PLASTER</u>	
4. DATE OF DEATH <u>December 17 1954</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>July 27 1883</u>		9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Coloma (Darrol Co.) MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Eliqah Plaster</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Sperry</u>			14. NAME OF HUSBAND OR WIFE <u>Hattie A. Plaster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-14-5510</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie A. Plaster Dawn, Missouri</u> ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u> ANTECEDENT CAUSES Morbidity 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 <u>First attack of Coronary thrombosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>6 1/2 Mo</u>					
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 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 <u>July 3, 1954</u> , to <u>Dec 17, 1954</u> , that I last saw the deceased alive on <u>Dec 17, 1954</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>12-18-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 20 '54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Welch Cemetery</u>		24d. LOCATION (City, town, or locality) (State) <u>Dawn (Liv. Co.) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-18-54</u>		REGISTRAR'S SIGNATURE <u>Francis B. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME</u> ADDRESS <u>Chillicothe, Mo.</u>			

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

*Joseph M. Gibson*

Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, 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.