

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27974

State File No. ....

BIRTH NO. 10-10-1885 REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Doniphan</u> )		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Doniphan, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>890</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>Doniphan, Mo. North 0910</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elisha</u>		b. (Middle) <u>Anderson</u>		c. (Last) <u>Plunk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1956</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>10-10-1885</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. A. Plunk</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Massey</u>		14. NAME OF HUSBAND OR WIFE <u>Necti Plunk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Unknown</u>			
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>Carcinoma of Stomach</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.				INTERVAL BETWEEN ONSET AND 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)		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>1-1-1955</u> , 19 <u>55</u> , to <u>7-30-1956</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>56</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) <u>Clifford G. Plunk M.D.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>8-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plunk Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-6-56</u>		REGISTRAR'S SIGNATURE <u>C.B. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.C. McNeill</u>		ADDRESS <u>Pocahontas, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Herman R. Dykstra*

Licensed Embalmer No. *AR*

P. O. Address *P.O. Box 17*

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.