

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27909**

FILED SEP 5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (in this place)	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 <u>St. Lukes County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>350</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Plunkett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-22-57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-5-1939</u>
9. AGE (In years last birthday) <u>18</u> Months <u>4</u> Days <u>17</u> Hours <u>Min.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co Ark</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>House wife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Albert Daniel</u>	13b. MOTHER'S MAIDEN NAME <u>Lottie Richey</u>	14. NAME OF HUSBAND OR WIFE <u>James E Plunkett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James E Plunkett Gobler Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>40 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>A201E</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Full term uterine pregnancy</u>		26. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

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)	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 3-2-, 1957, to 8-22-, 1957, that I last saw the deceased alive on 8-22-, 1957, and that death occurred at 1:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Guntory Tammes, MD</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>8-23-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		

DATE REC'D BY LOCAL REG. <u>8-30-57</u>	REGISTRAR'S SIGNATURE <u>Earl Huskard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gannon and Co. Steele Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNEL COUNTY HE

DEPARTMENT 9-3-5

COUNTY FILE NUMBER 957

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 *Richard M. Jones*

Licensed Embalmer No. 4732

P. O. Address *Steak*

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.