Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1958

4163

STATE FILE NUMBER 15

Registration District No. 347 Primary Registration District No. 6162 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ruth — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Stone
c. CITY OR TOWN Galena - Mo — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Martha Middle M. Last Plummer

4. DATE OF DEATH Month Jan Day 5 Year 1958

5. SEX F 1

6. COLOR OR RACE Wh

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Nov 29. 1866

9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months 1 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House

10b. KIND OF BUSINESS OR INDUSTRY Wife

11. BIRTHPLACE (City and state or country) Rogersville - Mo

12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME James Moore

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE John Wesley Plummer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT Address H. E. Plummer - Branson Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Right heart failure
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4341

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955-1, to 1-9-58 and last saw her/him alive on Dec - 10-57
Death occurred at 1-7-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. P. Cathell - M.D.

22b. ADDRESS Reeds Spring, Mo.

22c. DATE SIGNED 1-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan 7-1958

23c. NAME OF CEMETERY OR CREMATORY Jacum Pond

23d. LOCATION (City, town, or county) (State) Galena - Mo - R. 3

24. FUNERAL DIRECTOR Everett J. Cheatham ADDRESS Galena Mo

25. DATE RECD. BY LOCAL REG. Jan 10-1958

26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Bussey per Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.