

X No. 300
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FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012577
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 684

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside of rural and give town) <u>Centreville</u> OR <u>601 S. Brentwood</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>	c. CITY OR TOWN <u>Centreville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		STREET ADDRESS (If rural, give location) <u>2101 Jerome Lane</u> <u>8128</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Morgan</u>	b. (Middle)	c. (Last) <u>Plummer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>6</u> <u>58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>2/1/1922</u> <u>1921</u> <u>35</u> <u>37</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>sales mgr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Monsanto Corp.</u>	11. BIRTHPLACE (City and State) <u>Memphis Mississippi Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Morgan Plummer</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Reed Plummer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u> <u>WW II</u>	16. SOCIAL SECURITY NO. <u>317-18-0399</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Reed</u> ADDRESS <u>2523 Jerome Lane</u>

18. CAUSE OF DEATH Enter only one cause per page for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple severe traumatic wounds compatible with automobile accident</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>compatible with automobile accident</u>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural</u> <u>St. Louis</u> <u>400</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Mar. 6, 1958</u> <u>2:15</u> <u>p</u> <u>m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Station Wagon which he was operating collided with car</u>

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond H. Ham</u> <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>3/11/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/10/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valahalla Burial</u>
		24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>

DATE REC'D BY LOCAL REG. <u>3-7-58</u>	REGISTRAR'S SIGNATURE <u>Wesley P. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard J. ...</u> ADDRESS <u>2216 State St. St. Louis, Ill</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3

see by ...

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 J. Howell*
RJH Licensed Embalmer No. *570*

P. O. Address *2216 1/2 St. E. H. Howell*

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.