URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-025657

STATE FILE NUMBER

FILED VS JUN 27 1960 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 189

ENDED

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Laughlin Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: MACON
c. CITY OR TOWN: Atlanta
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Clarence Middle: C. Last: Plemmons
4. DATE OF DEATH: Month 6 Day 12 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-27-1885
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 5 Days 19
IF UNDER 24 HR: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Atlanta, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Tom Plemmons
13b. MOTHER'S MAIDEN NAME: Mary F. Brockman
14. NAME OF HUSBAND OR WIFE: Blanche Plemmons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Blanche Plemmons Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Liver Toxemia (Chronic Hepatitis) — Unknown
AND
DUE TO (c): Uremia (Chronic Glomerulonephritis) — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary Sclerosis - Arteriosclerosis - Chronic Cholecystitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 6-7-60 to 6-12-60 and last saw ~~her~~ him alive on 6-12-60
Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Earl Laughlin Jr. Do (Degree or title)
22b. ADDRESS: Kirksville, Mo
22c. DATE SIGNED: 6-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1960 June-14
23c. NAME OF CEMETERY OR CREMATORY: Mt. Tabor
23d. LOCATION (City, town, or county) (State): Atlanta - Mo.
24. FUNERAL DIRECTOR: Theo H. Goodding ADDRESS: Atlanta, Mo
25. DATE RECD. BY LOCAL REG.: 6-22-1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1960

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Thos H. Goodin

Licensed Embalmer No. 3982

P. O. Address Atlanta,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.