

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041494

FILED VS NOV 2 1 1960

STATE FILE NUMBER

INDEXED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem	Length of stay in 1b few days	c. CITY OR TOWN Salem	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) rt 2

3. NAME OF DECEASED (Type or print) Riley Leslie Plank	First Middle Last	4. DATE OF DEATH Nov 15 1960	Month Day Year
--	-------------------	--	----------------

5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-22-84	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
--------------------	-------------------------------	---	---------------------------------	----------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY USA
---	---	---	---

13a. FATHER'S NAME George Plank	13b. MOTHER'S MAIDEN NAME Nancy Ann Blackwell	14. NAME OF HUSBAND OR WIFE Ora May Butler
---	---	--

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. X	17. INFORMANT Address Mrs Bernard Gill Salem Mo
---	----------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Carcinoma of Stomach DUE TO (c) 3 yrs.	INTERVAL BETWEEN ONSET AND DEATH 1 hr.
--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Salem	COUNTY Dent	STATE Mo
--	--	--	-----------------------	--------------------

21. I attended the deceased from 3-8-57 to 11-15-60 and last saw her/him alive on 11-15-60
Death occurred at 1:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>Ray Mitchell</i>	22b. ADDRESS Salem, Mo.	22c. DATE SIGNED 11-18-60
---	-----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	11-17-60	Wagoner Cem	Dent Co Mo

24. FUNERAL DIRECTOR Spencer Funeral Home Inc	ADDRESS	25. DATE RECD. BY LOCAL REG. 11/17/60	26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D.</i>
---	---------	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Will Spencer

Licensed Embalmer No. 230

P. O. Address Delmar

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