

Health,  
Welfare  
Public  
Service

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23459

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 95

100  
-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>211 5th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>M.</b> Last <b>PLANCHON</b>		4. DATE OF DEATH <b>July 9 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 16, 1866</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>91</b>
13a. FATHER'S NAME <b>Paul F. Reynaud</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Long</b>	14. NAME OF HUSBAND OR WIFE <b>J.P.S. Planchon (Dece)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Alice Hancock Mt. Vernon, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial degeneration (see chart)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4222</b>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <b>2</b> 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. _____		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <b>10-6-40</b> to <b>7-9-57</b> and last saw her alive on <b>7-9-57</b> Death occurred at <b>110:30P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank Ann M.D.</b>		22b. ADDRESS <b>Monett Mo</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Waldensian Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Barry County, Mo.</b>	
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b>		25. DATE RECD. BY LOCAL REG. <b>7-13-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/12/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Waldensian Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Barry County, Mo.</b>	
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b>		25. DATE RECD. BY LOCAL REG. <b>7-13-57</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. P.N. Cook</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.**

NO. 757-120

DATE REC. 7-15-57

JUL 28 1957

JUL 17 1957

**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 J. D. Buchanan

Licensed Embalmer No. 3179  
P. O. Address Monett, 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.