

FILED JUL 8 1957
Registration District No. **128**

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Primary Registration District No. **2000**

Registrar's No. **595**

WRITE PLAINLY—USE UNFADING-BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Charles W. Pleake**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **White**

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife **NONE**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **AKG 3rd 1958**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	5	17	hr. _____ min.

9. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **FATHER & STOCKMAN**

11. Industry or business _____

MOTHER FATHER { 12. Name **E.V.R. Pleake**

13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **Phyllis E. Pleake**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alma E. Pleake**

(b) Address **Hallister mo**

17. (a) **Removal** (b) Date thereof **Dec 20 1957**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson mo**

18. (a) Signature of funeral director **R.O. Wheelchel**

(b) Address **Branson mo**

19. (a) **7-3-57** (b) **Edith Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jamez**

(c) City or town **Hallister mo**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. **U.S.A.** _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**
year **1943** hour **9** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Nov 13 1943** to **Dec 20 1943**
that I last saw him alive on **Dec 20 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture intertrochanteric femur right hip**

Due to **Arterio sclerosis general** **10 yrs**

Due to **Cardiac hypertrophy** **10 yrs**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **Alma E. Pleake** (M. D. or other) **MD**

Address **Springfield** Date signed **7/2/57**

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

Was not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed *Ernest S. Whitehead*

Licensed Embalmer No. *2277*

P. O. Address *Bronson 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 this body is not embalmed, fact should be so stated above.