

STANDARD CERTIFICATE OF DEATH

8849

State File No. ....

FILED APR 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 155

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1929 Pearl</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1929 Pearl</b>		d. STREET ADDRESS <b>1929 Pearl</b>	

3. NAME OF DECEASED (Type or Print) <b>HARRY</b>	a. (First) <b>HARRY</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>PLIMMER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 1 49</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 12, 1896</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>52 11 19</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Chas. Plimmer</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Clepton</b>	14. NAME OF HUSBAND OR WIFE <b>Anna L. Plimmer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War 2</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Anna L. Plimmer</b>	ADDRESS <b>Joplin, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPERTENSIVE CARDIOVASCULAR Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>WITH CARDIAC DECOMPENSATION 6 Mos</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-6, 1948, to 4-1, 1949, that I last saw the deceased alive on 4-1, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D D Douglass M.D.</b>	23b. ADDRESS <b>218 Frisco Bldg. Joplin, Mo</b>	23c. DATE SIGNED <b>4/4/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osborne Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-6-49</b>	REGISTRAR'S SIGNATURE <b>Ed James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker Mortuary</b>	ADDRESS <b>Joplin, Mo</b>
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MISSOURI DEPT. OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MO.

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 .....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.