

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30850

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

BIRTH NO. _____		REG. DIST. NO. <u>165</u>		PRIMARY REG. DIST. NO. <u>4257</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Johnson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leeton</u>		c. LENGTH OF STAY (in this place) <u>31 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leeton</u>		51	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leeton, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>Leeton, Missouri</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>John</u>	b. (Middle) <u>Meecker</u>	c. (Last) <u>Plankinton</u>	(Month) <u>Sept.</u>	(Day) <u>18</u>	(Year) <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 2, 1891</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Plankinton</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Baugh</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie Maude Plankinton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-10-7486</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nannie Plankinton</u> ADDRESS <u>Leeton, Missouri</u>					
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (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 <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>9-17</u> , 19 <u>49</u> , to <u>9-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>49</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Lee Cooper M.D.</u> (Degree or title)			23b. ADDRESS <u>Warrensburg Mo</u>			23c. DATE SIGNED <u>9-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Nannie M. Plankinton</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Bruninger</u> ADDRESS <u>Warrensburg Mo</u>			

JAN 24 1950

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 \_\_\_\_\_

*Elmer D. Triplett*

Student Embalmer No. 340

working under my personal supervision.

Student *Elmer D. Triplett*  
Student Embalmer

Signed *W. B. Banninger*  
Licensed Embalmer No. 3377

P. O. Address *Warrensburg 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.