

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37732

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5587		Registrar's No. 218	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN "Rural" Preston		c. LENGTH OF STAY (If in place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Preston			
d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage Route #2				d. STREET ADDRESS (If rural, give location) Carthage #2			
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) Mary		c. (Last) PLUMER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 18, 1871	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Carthage, Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Orville Frost		13b. MOTHER'S MAIDEN NAME Catherine Worman		14. NAME OF HUSBAND OR WIFE Tommy B. Plummer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. - - - -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.M. Frost Rt. #2 Carthage, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coccidioidomycosis</i> 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. <i>Religious diet last dinner because fasted</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 April 12, 1949, to Dec 4, 1949, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 6:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <i>Frank H. Plummer M.D.</i>				23b. ADDRESS Carthage, Missouri		23c. DATE SIGNED 12-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-6-1949		24c. NAME OF CEMETERY OR CREMATORY - - - - -		24d. LOCATION (City, town, or county) (State) Van Buren, Ind.	
DATE REC'D BY LOCAL REG. Dec 5-1949		REGISTRAR'S SIGNATURE <i>L. B. Clinton</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ulmer Funeral Home</i> Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Per. R. Ferguson

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

RECEIVED

12-12-49

Jasper County Health Office

County File Number 49-11-940

Date Filed 12-12-49

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.

Gene C. Pugh
Gene. C. Pugh.

Signed _____

Student
Student Embalmer

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.