S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26293

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5224 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand River Twp.
c. LENGTH OF STAY (in this place): 18 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harding Convalescent Hom

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville 0190
d. STREET ADDRESS (If rural, give location): 604 W. Mechanic 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ALMA
c. (Last): PLUMB

4. DATE OF DEATH (Month) (Day) (Year): Aug 18 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 15-1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Logan Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Phillip S Plumb
13b. MOTHER'S MAIDEN NAME: Edith Allen
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Bertha L. Plumb — ADDRESS: Harrisonville 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): Encephalitis followed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): by progressive
DUE TO (c): Encephalomalacia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 332X

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Sept, 1948, *to* Aug, 1950, *that I last saw the deceased alive on* Aug 18, 1950, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward S. Jones MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: 8-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug 21-1950
24c. NAME OF CEMETERY OR CREMATORY: Orient Cemetery
24d. LOCATION (City, town, or county) (State): Harrisonville Mo

DATE REC'D BY LOCAL REG.: Aug. 19, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Runnenburger — ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 26 1950
CASS COUNTY
HEALTH DEPARTMENT

SEP 1 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 B. J. Lindley, Student Embalmer No. 369, working under my personal supervision.

Student B. J. Lindley
Student Embalmer

Signed Ernest Nunnenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.