

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29899

330

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>68</u>		
1. PLACE OF DEATH a. COUNTY <u>Thomas Dent Plank</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dent</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek Typ 0</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek Typ 0</u>		d. STREET ADDRESS (If rural, give location) <u>Near Salem Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x</u>		d. STREET ADDRESS (If rural, give location) <u>Near Salem Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Near Salem Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>P. Plank</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9/22/50</u>					
5. SEX <u>male 0</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married /</u>		8. DATE OF BIRTH <u>July 30/1867</u>		
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo 0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo 0</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Jasper Plank</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Plank</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Plank</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>x</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs T.P. Plank Salem Mo</u>				
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1/201</u>	
19a. DATE OF OPERATION		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>May 1948</u> , 19 <u> </u> , to <u>Sept 22, 1950</u> , that I last saw the deceased alive on <u>Sept 22, 1950</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph P. Bennett M.D.</u>				23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem Salem Mo</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>9-25-50</u>		REGISTRAR'S SIGNATURE <u>M.M. Hart M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Spencer</u>		ADDRESS		

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

DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

RECEIVED

File No.

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Charles H. Jones
Student Embalmer No.

Licensed Embalmer No.

9370

P. O. Address

Salmon Ma

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.