

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40542**

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. <u>Iron</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Knob</u>		c. LENGTH OF STAY (in this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Knob</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION:								
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FLORENCE</u>		b. (Middle) <u>MATILDA</u>		c. (Last) <u>PLUMMER</u>		
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>12</u>		(Year) <u>1950</u>		
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>Oct. 4 1878</u>		
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 1 YEAR Days <u>8</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas Clonts</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Peters</u>		14. NAME OF HUSBAND OR WIFE <u>#</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otis Clonts 3908 Olive, St. Louis</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>Apoplexy cerebral</u> ANTECEDENT CAUSES Morbid 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. <u>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</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) (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 <u>Dec. 3, 1950</u> , to <u>Dec. 12, 1950</u> , that I last saw the deceased alive on <u>Dec. 7, 1950</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ben M. Bull, M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>Dec. 14, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 15, 1950</u>		REGISTRAR'S SIGNATURE <u>Ma. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u>		ADDRESS		

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

RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 6

No.

JAN 17 1951

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 Lyle H. White
Licensed Embalmer No. 4295

P. O. Address Clinton, 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.