

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26516

State File No.

FILED AUG 21 1951

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5413 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Douglas</u> <u>0340</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Squires, R. Walls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Squires, rural, Walls</u> <u>0340</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martin</u>	b. (Middle)	c. (Last) <u>Plumb</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7-25-51</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-15-68</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 15 MIN. Min.
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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>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Galatia, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Plumb</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Comer</u>	14. NAME OF HUSBAND OR WIFE <u>Ollive Thomas Plumb</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernie M Miller</u>	ADDRESS <u>Squires, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART DISEASE WITH EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10:46 1946 to 7-25, 1951, that I last saw the deceased alive on 7-20, 1951, and that death occurred at 10:46 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Hoerman MD</u> (Degree or title)	23b. ADDRESS <u>Jamesville, Mo</u>	23c. DATE SIGNED <u>7-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Murray</u>	24d. LOCATION (City, town, or county) (State) <u>Squires, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 4-51</u>	REGISTRAR'S SIGNATURE <u>Uestel Bushman</u> <u>84</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home, Ava, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

AUG 16 1951

Dist. File

851-1203

Date Filed

8-12-51

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 Charles R. Fisk

Licensed Embalmer No. 4662

P. O. Address Ava, 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.