

FILED OCT 13 1951

Dr. Merrifield

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29841
Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion--Twnshp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Marion Twnshp	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#1, Jefferson City, Mo		d. STREET ADDRESS (If rural, give location) R.R.#1, Jefferson City, Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) Martin	b. (Middle) D.	c. (Last) Plummer	4. DATE OF DEATH (Month) (Day) (Year)
				Oct 3 1951

5. SEX Male D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan-25-1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Cole County, Missouri D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Plummer	13b. MOTHER'S MAIDEN NAME Betsy Ann Hackney	14. NAME OF HUSBAND OR WIFE Syd Plummer
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Syd Plummer, Jefferson City, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial valve disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>with myocardial degeneration</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Hypertension</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4110X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Feb 15, 1945, Oct 3, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 10:43 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Merrifield</i> (Degree or title)	23b. ADDRESS 202 Century View, No	23c. DATE SIGNED 10/15/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial D	24b. DATE Oct-5-1951	24c. NAME OF CEMETERY OR CREMATORY Elston Cemetery	24d. LOCATION (City, town, or county) (State) Elston, Missouri
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DATE REC'D BY LOCAL REG. Oct. 5	REGISTRAR'S SIGNATURE Mrs. Minnie Hittelman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. J. Gorman Jefferson City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0260

RECEIVED 10-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-12-51 _____

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

Joseph J. Adam

Licensed Embalmer No. 1786

P. O. Address *Jefferson City Mo*

Notes: 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.