

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29888
Registrar's No. 65

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018

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

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Dent | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem | | c. LENGTH OF STAY (In this place) 2 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem | | d. STREET ADDRESS (If rural, give location) none |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION none | | | d. STREET ADDRESS (If rural, give location) none | | |

| | | | | | |
|---|--------------------|---|--|--|------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) May c. (Last) Plank | | | 4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1951 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 10/27/23 | | 9. AGE (In years last birthday) 27 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY -- | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

| | | |
|--------------------------------|---------------------------------------|----------------------------------|
| 13a. FATHER'S NAME James Plank | 13b. MOTHER'S MAIDEN NAME Nora Mounce | 14. NAME OF HUSBAND OR WIFE none |
|--------------------------------|---------------------------------------|----------------------------------|

| | | | |
|--|------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME James Plank, Salem, Missouri | ADDRESS |
|--|------------------------------|--|---------|

| | | | |
|--|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Permeous vomiting & unknown origin | | 3 months |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown origin DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | Congenital Hydrocephalic | | |
| 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 6/20/1951, to 10/2/1951, that I last saw the deceased alive on Aug 19 51, and that death occurred at 11:00am, from the causes and on the date stated above.

| | | |
|---|--------------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) Joseph P. Durnell M.D. | 23b. ADDRESS 20 Salem Missouri | 23c. DATE SIGNED 10/2/51 |
|---|--------------------------------|--------------------------|

| | | | |
|---|-------------------|---|---|
| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10/3/51 | 24c. NAME OF CEMETERY OR CREMATORY Stonehill Cem. | 24d. LOCATION (City, town, or county) (State) Dent County, Missouri |
|---|-------------------|---|---|

| | | |
|----------------------------------|---|--|
| DATE REC'D BY LOCAL REG. 10-2-51 | REGISTRAR'S SIGNATURE M. M. Hart, M.D. by [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl K. [Signature] Salem, Missouri |
|----------------------------------|---|--|

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, N.J.

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.