

STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If last residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>625 VIRGINIA</u>		d. STREET ADDRESS (If rural, give location) <u>625 VIRGINIA 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u> b. (Middle) <u>Charles</u> c. (Last) <u>Plogsted</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>28 52</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>7-1-1873</u>
9. AGE (In years, months, days) (If under 1 hr., Hours Min.) <u>79 9 27</u>		9. AGE (In years, months, days) (If under 1 hr., Hours Min.) <u>79 9 27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		<u>Cement Co OHIO</u>	
11. BIRTHPLACE (State or foreign country) <u>Cincinnati OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Plogsted</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Bettendor</u>	
14. NAME OF HUSBAND OR WIFE			
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 <u>Ed Monte Jefferson et al</u>		ADDRESS <u>no</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>galled as grower</u>			
22. I hereby certify that I attended the deceased from <u>Nov 28 1952</u> , 19 <u>52</u> , at <u>11:30 AM</u> , that I last saw the deceased alive on <u>Wed when he died</u> , and that death occurred <u>when he died</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Bruce W. Coroner</u>		23b. ADDRESS <u>259 Madison Jefferson City Mo</u>	
23c. DATE SIGNED <u>11/28</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 29 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28-52</u>		REGISTRAR'S SIGNATURE <u>R. P. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt - Clay of New Bloomfield</u>		ADDRESS <u>no</u>	

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

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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 Le Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield, Pa.

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.