

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 2808

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>60,69</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>St. Francis</u>					
b. CITY OR TOWN <u>Bismarck - Route No. 1</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bismarck</u>		d. STREET ADDRESS (If rural, give location) <u>Route No. 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Iron Township</u>				d. STREET ADDRESS (If rural, give location) <u>Route No. 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. George</u>			b. (Middle) <u>Washington</u>		c. (Last) <u>Plummer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 2 - 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White - Cau.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 1 - 1879</u>		9. AGE (in years last birthday) <u>72-1-1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kept on a truck</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>St. Francis County</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Irunklaon, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George (Judge) Plummer</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Cate Plummer</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Bayless Plummer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-16-7949</u>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Ms. Lillian B. Plummer - Route No. 1 Bismarck Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic cardiac vascular disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</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>443X</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>August 2, 1952</u> , to <u>Dec. 24, 1952</u> , that I last saw the deceased alive on <u>Dec. 24, 1952</u> , and that death occurred at <u>10:50 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>St. Landrum</u> (Degree or title) <u>md.</u>				23b. ADDRESS <u>228 E. Columbia Farmington Mo.</u>			23c. DATE SIGNED <u>1-5-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 4 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bismarck Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Earther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>		ADDRESS <u>3530 S. St. Plak Louis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

940
1

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Broad St. Flat River, 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.