No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13987

BIRTH NO. 23326 FILED MAY 4 1953 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 27

461
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1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Ellington Clinic, Thayer, Mo.~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer, Mo. 0750
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): PHYLISS
b. (Middle): JEAN
c. (Last): PLUMLEE

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single- infant

8. DATE OF BIRTH: April 12, 1953

9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Thayer, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Wayne Plumlee

13b. MOTHER'S MAIDEN NAME: Juanita Grooms

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: Wayne Plumlee
ADDRESS: Thayer, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs.

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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 7544

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-12- *19*53, *to* 4-13- *19*53, *that I last saw the deceased alive on* 4/15 *19*53, *and that death occurred at* 8:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John P. Ellison (Degree or title) D.O.

23b. ADDRESS: Thayer Mo.

23c. DATE SIGNED: 4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4/14/53

24c. NAME OF CEMETERY OR CREMATORY: Norman Cemetery

24d. LOCATION (City, town, or county) (State): Oregon Mo.

DATE REC'D BY LOCAL REG.: 4-28-53

REGISTRAR'S SIGNATURE: Beatrice Cook Reg. 379

25. FUNERAL DIRECTOR'S SIGNATURE: Claud Carter

ADDRESS: Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.