

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20464

State File No. _____

FILED MAY 21 1953

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY STONE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY STONE		
b. CITY (If outside corporate limits, write BURAL and give township) LAKE AND R		c. LENGTH OF STAY (In this place) UNKNOWN	c. CITY (If outside corporate limits, write BURAL and give township) LAKE AND Washington Mo		d. STREET ADDRESS (If rural, give location) LAKE AND R-1 1040
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MILES South of Crane					
3. NAME OF DECEASED (Type or Print) a. (First) TASPEY b. (Middle) M c. (Last) McPLURE			4. DATE OF DEATH (Month) (Day) (Year) May 4-1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH May 16-1871	9. AGE (In years last birthday) 81 11 18 18 18 Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) Johnson County ARK		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jacob McPlure		13b. MOTHER'S MAIDEN NAME Eliza SWARGEN		14. NAME OF HUSBAND OR WIFE Thettie McPlure	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thettie McPlure Salina 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis general 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. Senility				INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500				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)	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 Aug , 1951, to April 26, 1953 , that I last saw the deceased alive on April 26, 1953 , and that death occurred at 7:00 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE Paul D. Nemmesch M.D.			23b. ADDRESS Crane Mo		23c. DATE SIGNED 5-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/6/53	24c. NAME OF CEMETERY OR CREMATORY Marys Hill CEMETERY		24d. LOCATION (City, town, or county) (State) CRANE MO ROUTE	
DATE REC'D BY LOCAL REG. 5/18/53	REGISTRAR'S SIGNATURE Marj Gray Branch		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul L. Marsh Salina Mo		

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Osca L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Quora 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.