

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35195

State File No.
Registrar's No. 362

FILED NOV 9 - 1953

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway 0143	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fulton		c. CITY OR TOWN Fulton	
c. LENGTH OF STAY (in this place) 5 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stewart Nursing Home			
e. STREET ADDRESS (If rural, give location) 7th and Nichols			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Thomas	b. (Middle) E.	c. (Last) Plybon	Nov. 1, 1953		

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, (Specify) Never married 0	8. DATE OF BIRTH Feb. 23, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Maintenance	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Plybon	13b. MOTHER'S MAIDEN NAME Amanda Diners	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY 491 05 6638	17. INFORMANT'S SIGNATURE OR NAME Nick Plybon	ADDRESS Auxevasse Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 - months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Femur DUE TO (c) a fall in the bathroom at Stewart Nursing Home Conditions contributing to the death but not related to the disease or condition causing death. Accidental fall		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9037 44		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT, SUICIDE, HOMICIDE	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 137

22. I hereby certify that I attended the deceased from Jan. 29, 1953, to Nov. 1, 1953 that I last saw the deceased alive on Oct. 29, 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. W. Newsome	(Degree or title)	23b. ADDRESS Fulton Mo.	23c. DATE SIGNED 10-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Old Auxevasse	24d. LOCATION (City, town, or county) (State) Callaway County Mo
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DATE REC'D BY LOCAL REG. Nov. 7 - 1953	REGISTRAR'S SIGNATURE Martha Lawrence 4260	25. FUNERAL DIRECTOR'S SIGNATURE F. N. Fulton	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....
Wm A Stewart

Licensed Embalmer No. *372*

P. O. Address *Fulton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.