

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3661

FILED JAN 15 1954

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3011 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>McLean</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomington, Ill</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		81208	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Del-Rey Hotel, Sikeston, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1101 Washington Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>	b. (Middle) <u>W</u>	c. (Last) <u>Plonese</u>	4. DATE OF DEATH (Month) <u>1</u> (Day) <u>7</u> (Year) <u>1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>9/15/06</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>shrubs &amp; trees</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Earnest Plonese</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Ewert</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Plonese</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Plonese</u>	ADDRESS <u>Bloomington, Ill</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>acute myocarditis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-7-54, 1954, to 1-7, 1954, that I last saw the deceased alive on 1-7, 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Nielsen</u>	(Degree or title)	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>1-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/7/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomington, Ill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomington, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>1-7-54</u>	REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Jones</u>	ADDRESS <u>Sikeston, Mo</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED JAN 11 1954  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 154-8

JAN 11 1954

FEB 24 1954

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Keaton

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.