

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37760

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 545

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	c. LENGTH OF STAY (in this place) <u>6 Wks.</u>	c. CITY OR TOWN <u>Carthage,</u>	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 <u>909 Pennsylvania</u>		STREET ADDRESS (If rural, give location) <u>509 Pine</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelle</u>	b. (Middle)	c. (Last) <u>Plumley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1954</u>
----------------------------------------------------------------	-------------	--------------------------	------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-2-1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--------------------------------------------------------------------------	--------------------------------------	----------------------------------------------	--------------------------------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------	-----------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>William Mc Fall</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Jackson Plumley</u>
----------------------------------------------	--------------------------------------------------	-------------------------------------------------------

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>Horace Mc Fall</u>	ADDRESS <u>Joplin Missouri</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute medullary failure</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>coronary thrombosis</u>		<u>unknown</u>
DUE TO (c) <u>myocardial infarction</u>		<u>1 week</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis, senility</u>		<u>unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 Oct. 25, 1954, to Nov. 13, 1954, that I last saw the deceased alive on Oct. 29, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Kilbane</u>	(Degree or title) <u>AO-2</u>	23b. ADDRESS <u>521 W. 4th St. Joplin, Mo.</u>	23c. DATE SIGNED <u>11-15-54</u>
----------------------------------------	----------------------------------	---------------------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fasken Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
------------------------------------------------------------	--------------------------------	--------------------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>11-17-54</u>	REGISTRAR'S SIGNATURE <u>James J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home Carthage, Mo.</u>	ADDRESS
---------------------------------------------	----------------------------------------------	-----------------------------------------------------------------------------	---------

(Licensed Embalmer's Statement on Reverse Side)

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

County of ...
Date Recd NOV 24 1954

NOV 26 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.....
Signature of Student Embalmer

Signed *William B. Carthage*

Licensed Embalmer No. *480*

P. O. Address *Carthage*

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.