

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40050

State File No.

No. 300
10.48

FILED JAN 3 1955

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY OR TOWN <u>Monett</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>200 1/2 Bond St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JIMMY</u>	b. (Middle)	c. (Last) <u>PLANCHON</u>	4. DATE OF DEATH <u>Dec. 15, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 21, 1926</u>	9. AGE (In years last birthday) <u>28</u>	# UNDER 1 YEAR <u>6</u>	# UNDER 10 MIN. <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician & City</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>fireman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Planchon</u>	13b. MOTHER'S MAIDEN NAME <u>Fern Chumbley (deceased)</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Planchon</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-22-4791</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norma Planchon</u>	ADDRESS <u>Monett, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension from Davis & Roushman 2 days</u> <u>Bronchopneumonia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 June 1936, to Dec 15, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at 7:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Ben MD</u> (Degree or title)	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>12-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waldensian Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Barry Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-18-54</u>	REGISTRAR'S SIGNATURE <u>Mrs P.N. Cook 497</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.D. Buchanan</u>	ADDRESS <u>Monett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARREY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1254-162

DATE REC. 12-27-54

MAY 11 1955

JAN 4

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Mounts,

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.