

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

26785

FILED AUG 16 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>3 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township!) <u>Lebanon</u> 05320 d. STREET ADDRESS (If rural, give location) <u>Knox Rest Home</u>	
3. NAME OF DECEASED a. (First) <u>WALTER</u> b. (Middle) <u>DEWEY</u> c. (Last) <u>PLUNKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>7</u> <u>1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>Aug 6 1876</u>
9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months <u>11</u>	# UNDER 1 YEAR Days <u>1</u>	# UNDER 1 MIN. Hours <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Amos Plunkett</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Skinner</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Plunkett</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Stroke</u> ANTECEDENT CAUSES <u>Cardiac Decompensation</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>1 yr</u> <u>4343</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 <u>7-10-55</u> , to <u>7-7-55</u> that I last saw the deceased alive on <u>7-7-55</u> and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. Sohrer 2DO</u>		23b. ADDRESS <u>LEBANON MO</u>	23c. DATE SIGNED <u>7-10-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 10-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Fork Ametery</u>	24d. LOCATION (City, town, or county) (State) <u>Near East Lyme Mo</u>
DATE REC'D BY LOCAL REG. <u>8-10-1955</u>	REGISTRAR'S SIGNATURE <u>Albella</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Swartzler</u>
		ADDRESS <u>East Lyme Mo</u>	

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

Received 8/15/55
Laclede County Health Unit
File No. 193
Date Filed 8/15/55

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.