

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1937**

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3640** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		c. LENGTH OF STAY (in this place) 5 months	c. CITY OR TOWN Chillicothe
d. FULL NAME OF HOSPITAL OR INSTITUTION Susan's Nursing Home		e. STREET ADDRESS (If rural, give location) 1117 Calhoun St.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WILLIAM c. (Last) PLUMMER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 13, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith ret.		10b. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (City and State or Foreign Country) Anderson, Indiana		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John S. Plummer		13b. MOTHER'S MAIDEN NAME Martha Humphries		14. NAME OF HUSBAND OR WIFE Sarah (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Stone Plummer, Chillicothe, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		ANTECEDENT CAUSES		?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		?	
		DUE TO (b) arteriosclerosis			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 **Sep**, 1950, to **Jan 15**, 1956, that I last saw the deceased alive on **Jan 8**, 1956, and that death occurred at **5 A.** m. from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Gale (Degree or title) MD		23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 1-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Meadville cemetery	
24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon		ADDRESS Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 1-17-56		REGISTRAR'S SIGNATURE Francis B. Nash			

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

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Jale

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X

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 *Donald G. Law*

Licensed Embalmer No. *419*

P. O. Address *William*

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.