

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAR 5 1956

BIRTH NO. ....		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6191</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Taney</u>		a. STATE <u>MO</u>		b. COUNTY <u>Taney</u>				
b. CITY (If outside corporate limits, give RURAL and give OR TOWN <u>Franklin MO</u> )		c. LENGTH OF STAY (in this place) <u>5 mo</u>		c. CITY OR TOWN <u>Franklin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>P.O. Box 1060</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Jessie L.</u>		b. (Middle) <u>Shatcher</u>	c. (Last) <u>Plettenberg</u>		(Month) <u>7</u>		(Day) <u>23</u>	
(Type or Print)				(Year) <u>56</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>2-18-1869</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kerksville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Margaret Jones Branson</u>				
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) <u>Apoplexy</u>								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		DUE TO (b) <u>Arterial Hypertension</u>						
		DUE TO (c) <u>Senility</u>						
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"/>	
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) (Minute)		
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>10-13</u> , 19 <u>53</u> , to <u>2-23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-23</u> , 19 <u>56</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Mary King</u>				23b. ADDRESS <u>O. O. 7 Forsyth, Mo.</u>		23c. DATE SIGNED <u>2-26-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kerksville MO</u>		24d. LOCATION (City, town, or county) (State) <u>Kerksville MO</u>		
DATE REC'D BY LOCAL REG. <u>2/28/56</u>		REGISTRAR'S SIGNATURE <u>Helew Campbell</u>		519 <u>519</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Home</u> ADDRESS <u>Branson MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

EX 29 956

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 *Minnie L. Whitehead*.....

Licensed Embalmer No. *2277*

P. O. Address *Brunswick*.....

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.