

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9473**

|                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                            |  |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                             |  | REG. DIST. NO. <u>156</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | PRIMARY REG. DIST. NO. <u>200L</u>                                                                                                         |  | Registrar's No. <u>122</u>                                                                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b> |  |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>JOPLIN</b>                                                                                                                                                                                                       |  | c. LENGTH OF STAY (in this place)<br><b>YRS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | c. CITY OR TOWN<br><b>JOPLIN</b>                                                                                                           |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2818 E. 12TH STREET</b>                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | e. STREET ADDRESS (If rural, give location)<br><b>2818 E. 12TH STREET</b>                                                                  |  |                                                                                                                                      |  |
| 3. NAME OF DECEASED (Type or Print)<br><b>HAROLD</b>                                                                                                                                                                                                                                        |  | a. (First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | b. (Middle)<br><b>M.</b>                                                                                                                   |  | c. (Last)<br><b>PLASTER</b>                                                                                                          |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAR. 18, 1956</b>                                                                                                                                                                                                                               |  | 5. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 6. COLOR OR RACE<br><b>W</b>                                                                                                               |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>                                                             |  |
| 8. DATE OF BIRTH<br><b>DEC. 11, 1904</b>                                                                                                                                                                                                                                                    |  | 9. AGE (In years last birthday)<br><b>51</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                                 |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____                                                                                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CHIROPODIST</b>                                                                                                                                                                           |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FOOT SURGERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>JOPLIN, MO.</b>                                                                   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                        |  |
| 13a. FATHER'S NAME<br><b>THOMAS J. PLASTER</b>                                                                                                                                                                                                                                              |  | 13b. MOTHER'S MAIDEN NAME<br><b>DOLLY PHALLIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 14. NAME OF HUSBAND OR WIFE<br><b>BETTY B. PLASTER</b>                                                                                     |  |                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES</b>                                                                                                                                                                      |  | 16. SOCIAL SECURITY NO.<br><b>WW 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>MRS. BETTY B. PLASTER, 2818 E. 12TH</b>                                                    |  |                                                                                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Myocardial Infarction (healed)</u><br>DUE TO (c) <u>Myocardial Degeneration with Early decompensation</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>immediately</u><br><br><u>12 yrs.</u><br><br><u>1 yr.</u>                                     |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                      |  | 19b. MAJOR FINDINGS OF OPERATION<br><br><br><b>4201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                            |  | 20. AUTOPSY?<br>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) (Min.)                                                                                                                                                                                                                                      |  | 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>3-24-54</u> , 19 <u>  </u> , to <u>3-18-56</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>3/19/56</u> , 19 <u>  </u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                            |  |                                                                                                                                      |  |
| 23a. SIGNATURE (Degree or title)<br><u>Walter Howard M.D.</u>                                                                                                                                                                                                                               |  | 23b. ADDRESS<br><u>M.D. Turco Bldg Joplin Mo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 23c. DATE SIGNED<br><u>3/20/56</u>                                                                                                         |  |                                                                                                                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>                                                                                                                                                                                                                                  |  | 24b. DATE<br><b>3-20-56</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>FOREST PARK CEMETERY</b>                                                                          |  | 24d. LOCATION (City, town, or county) (State)<br><b>JOPLIN, MISSOURI</b>                                                             |  |
| DATE REC'D BY LOCAL REG.<br><b>3-22-56</b>                                                                                                                                                                                                                                                  |  | REGISTRAR'S SIGNATURE<br><u>Dove Merriam</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>                                                      |  |                                                                                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1956

MAY 20 1957

RECEIVED  
MAN 21  
Isoper County Health Office  
County File Number 56-3-267  
Date Filed MAR 27 1956

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 *F. M. Jones*.....

Licensed Embalmer No. 23..

P. O. Address *Joplin*

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.