

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16092

STATE FILE NUMBER

 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DALLAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Buffalo ⁸²⁰⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hosp. Length of stay in 1b 15 hrs.		d. STREET ADDRESS (If outside, give location) 519 N. Maple Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GROVER Middle C. Last PLUMMER			4. DATE OF DEATH Month MAY Day 17 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 8, 1885		9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 70 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN M.D.	10b. KIND OF BUSINESS OR INDUSTRY MEDICAL	11. BIRTHPLACE (City and state or country) GRANT, VA.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME CICERO PLUMMER	14. MOTHER'S MAIDEN NAME CORA HASH
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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) UNKNOWN	16. SOCIAL SECURITY NO. ?	17. INFORMANT Address MRS. G.C. PLUMMER Buffalo, MO.
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18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 16 hr - ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmo. Sclerosis	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY: Hour 8:38 Month May Day 16 Year 56 a. m. A p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Buffalo, MO. COUNTY STATE
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21. I attended the deceased from May 16 '56 to May 17 '56 and last saw <u>her</u> alive on May 16 Death occurred at 8:38 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Guy D Callaway	22b. ADDRESS Springfield, MO	22c. DATE SIGNED 5/19/56
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5/17/56	23c. NAME OF CEMETERY OR CREMATORY OKLAHAWN CEMETERY	23d. LOCATION (City, town, or county) (State) Buffalo, MO.
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24. FUNERAL DIRECTOR JONES FUNERAL HOME ADDRESS Buffalo, MO.	25. DATE RECD. BY LOCAL REG. 5-21-56	26. REGISTRAR'S SIGNATURE Edna Williamson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gene C. Hunter*

Licensed Embalmer No. *4*

P. O. Address *Buffalo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.