.S. No. 300
Rev. 10.48

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25324

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 10

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

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Richwood
c. LENGTH OF STAY (In this place) 68 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Richwood
d. STREET ADDRESS (If rural, give location) RockyComfort, Mo. R#

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) ANN c. (Last) PLUMLEE

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1957

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 20 1872
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 3 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and State or Foreign Country) McDonald County Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Linton
13b. MOTHER'S MAIDEN NAME Mary Jane Smith
14. NAME OF HUSBAND OR WIFE Henry J. D. Plumlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mary Ann Shepherd ADDRESS RockyComfort, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial insufficiency — 1 week
DUE TO (c) 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent pneumonia — 5 mo. ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐ 0

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1957, to July 14, 1957, that I last saw the deceased alive on July 13, 1957, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred R. Clark D.O. 2
23b. ADDRESS Wheaton, Mo.
23c. DATE SIGNED 7/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-17-57
24c. NAME OF CEMETERY OR CREMATORY Union Cem.
24d. LOCATION (City, town, or county) (State) RockyComfort, Mo. R#

DATE REC'D BY LOCAL REG. July 17, 1957
REGISTRAR'S SIGNATURE D. E. Plumlee
25. FUNERAL DIRECTOR'S SIGNATURE Wm Morris Togue ADDRESS Wheaton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 Wm Morris Logue

Licensed Embalmer No. 3442

P. O. Address Wheatland, 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.