

FILED SEP 16 1957

STANDARD CERTIFICATE OF DEATH

State File No. **34596**

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6190 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Reeds Spring</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 65 N. BRANSON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Reeds Spring</u>	

3. NAME OF DECEASED (Type or Print) <u>Joseph</u>	a. (First) <u>Franklin</u>	b. (Middle) <u>Plummer</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 21, 1903</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Novelty Mfg.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Plummer</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Ernestine Plummer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>339.20-1646</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernestine Plummer</u> ADDRESS <u>Reeds Spring</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c) <u>Highway 65 4 Mi N. of BRANSON MO</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>N. of BRANSON MO</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High. 65 4 Mi N. of BRANSON</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BRANSON TANCY MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 7, 1957 9:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from 9-7-57, 1957, to 9-7-57, 1957, that I last saw the deceased alive on 9-7-57, 1957, and that death occurred at 9:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walker L. Cobb Coroner</u>	23b. ADDRESS <u>Garfield MO</u>	23c. DATE SIGNED <u>9-11-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yacum Pond Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reeds Spring MO</u>
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DATE REC'D. BY LOCAL REG. <u>9/13/57</u>	REGISTRAR'S SIGNATURE <u>Malcolm Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitford Funeral Chapel</u> ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

514.0

SEP 19 1951

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.....
Thomas S. Cole

Licensed Embalmer No. *473*

P. O. Address.....
Long...

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.