

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45535

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 404

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I. must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elvins R.R. 1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Elvins R.R. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francois Twp.			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 0949			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Martha Middle Dean Last Plummer				4. DATE OF DEATH Month Dec Day 14 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 16, 1948		9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 6 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Flat River, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Clarence Plummer				14. MOTHER'S MAIDEN NAME Helen Irene Biri			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Clarence Plummer, Elvins R.R. 1, Mo.			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) accidental drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coroner's Jury Verdict: As result DUE TO (c) of accidental drowning 9291 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 42							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Falling through ice on pond				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year Dec 14 1957							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION 094 COUNTY Elvins R.R. 1 St Francois Missouri			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Billy Miller			22b. ADDRESS Coroner 3 Farmington, Mo		22c. DATE SIGNED 12/16/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/17/57	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery		23d. LOCATION (City, town, or county) (State) Libertyville, Missouri		
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Mo.			25. DATE RECD. BY LOCAL REG. Dec. 16, 1957		26. REGISTRAR'S SIGNATURE Eather Rudloff		

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 Paul H. Dugal

Licensed Embalmer No. 412

P. O. Address Fremont, Pa.

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.