

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017204  
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lancaster 0980
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Ethel Last Plummer			4. DATE OF DEATH Month May Day 21, Year 1958
5. SEX Female	6. COLOR OR RACE White	7. <del>MARRIED</del> <input type="checkbox"/> <del>NEVER MARRIED</del> <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <del>DIVORCED</del> <input type="checkbox"/>	8. DATE OF BIRTH 11-24-83
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lancaster, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Greenville A. Drummond	
13b. MOTHER'S MAIDEN NAME Marietta Adams		14. NAME OF HUSBAND OR WIFE Denver Newton Plummer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mae Drummond, Lancaster, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 18 hours Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 5-19-58 to 5-21-58 and last saw her alive on 5-21-58 Death occurred at 11:50 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>A. Hudson M.D.</i>	
22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 5-22-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/24/1958	23c. NAME OF CEMETERY OR PLACE OF INTERMENT Forest Lawn
23d. LOCATION (City, town, or county) Morrill, Nebr.		(State)	
24. FUNERAL DIRECTOR ADDRESS Price Norman Lancaster, Mo.		25. DATE RECD. BY LOCAL REG. 5-22-1958	26. REGISTRAR'S SIGNATURE <i>Doris W. Rathff</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

896' 5 1 7hr

896' 5 1 7hr

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 *Novel E. Foster* .....

Licensed Embalmer No. *4742*  
P. O. Address *Kirksville, N.C.*

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.