

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023628
STATE FILE NUMBER

318

1003

6443
REGISTRAR'S NO.

FILED JUL 14 1958

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONTGOMERY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 NO. GRAND, ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BELLEFLOWER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
35 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Length of stay in lb 90 da.		31 d. STREET ADDRESS - - - - - (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES F. PLUMMER				4. DATE OF DEATH Month Day Year June 25, 1958					
5. SEX MALE <input checked="" type="checkbox"/>		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 1/3/80		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) AVA, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME HARRISON DUNSWORTH				14. MOTHER'S MAIDEN NAME ADELINE JOHNSON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW.		16. SOCIAL SECURITY NO. 492-103054		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, 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 VASCULAR ACCIDENT & GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 331x		
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 a. m. Month, Day, Year 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		COUNTY		STATE	
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 <i>Spencer T. ...</i>				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6/26/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6/26/58	23c. NAME OF CEMETERY OR CREMATORY LOCAL		23d. LOCATION (City, town, or county) (State) BELLEFLOWER, MISSOURI				
24. FUNERAL DIRECTOR ALBERT H. HOPPE, 4700 WASHINGTON				ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 26 58		26. REGISTRAR'S SIGNATURE <i>Paul Smith No 103</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public Service
300
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 causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John J. Haines*.....
Licensed Embalmer No. 4119

P. O. Address *Shaw*.....

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.