IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 4 1960

-60-037566
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1094

DED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 36 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Martin's Nursing Home 914 N. 3rd — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1007½ No. 3rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Oscar Middle Eli Last Plummer
4. DATE OF DEATH Month October Day 15 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/6/1874
9. AGE (last birthday) 86 years — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country)
12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Oliver E. Plummer
13b. MOTHER'S MAIDEN NAME Elizabeth Mason
14. NAME OF HUSBAND OR WIFE Sarah Elizabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Eugene Plummer Address Box 208 R.2 St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary occlusion	6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	yrs
DUE TO (c)	Gen Arteriosclerosis	yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — Blind —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 60, to Sept 60 and last saw him alive on about Sept 20 1960
Death occurred at 3:55 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.E. Grimes MD
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 10/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried
23b. DATE 10/17/1960
23c. NAME OF CEMETERY OR CREMATORY Forest City Cemetery
23d. LOCATION (City, town, or county) Forest City, (State) Missouri

24. FUNERAL DIRECTOR James H Pittyhe ADDRESS Oregon Mo
25. DATE RECD. BY LOCAL REG. 10/18/1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

M.E. Grimes, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.