

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040982

FILED VS NOV 29 1960

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 34

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Bates</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rich Hill</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Bates</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>411 East Pine St.</b>		Length of stay in 1b <b>7yrs</b>		c. CITY OR TOWN <b>Rich Hill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>411 East Pine St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>411 East Pine St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>ALONZO</b>		Middle <b>MARION</b>		Last <b>PLUNKITT</b>		Month Day Year <b>November 23 1960</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/22/91</b>	9. AGE (last birthday) <b>69</b>	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) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>building</b>		11. BIRTHPLACE (City and state or country) <b>Deepwater, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Plunkitt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-05-520</b>		17. INFORMANT Address <b>John McCrory-Rich Hill, Missouri</b>			
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) <b>Cerebral Hemorrhage</b>						<b>What</b>	
DUE TO (b) <b>Hypertension</b>						<b>Subtotal</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)						PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year					
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.) <b>Sept 23</b>		20f. CITY, TOWN, OR LOCATION <b>Sept 23</b>		COUNTY STATE <b>Bates Missouri</b>	
21. I attended the deceased from <b>Sept 23</b> to <b>Sept 23</b> and last saw him alive on <b>Sept 23 1960</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
21. SIGNATURE (Degree or title) <b>Edna Vaughn M.D.</b>				22b. ADDRESS <b>Rich Hill Mo</b>		22c. DATE SIGNED <b>11/25/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>11/25/60</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Woodfin Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bates County Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Booth Funeral Serv.-Rich Hill, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11/25/60</b>		26. REGISTRAR'S SIGNATURE <b>Edna Vaughn</b> <i>by Ruby Yarrick</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 030  
DEC 6 1960

**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 John W. Underwood  
Licensed Embalmer No. 358  
P. O. Address Butler, Mo.

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