RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960

-60-045854
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3035 Registrar's No. 179

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Willow Springs, Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JESSIE Middle GEORGIA Last PLOWMAN
4. DATE OF DEATH Month Dec. Day 8 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/5/87
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months 8 Days 3 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Sullivan County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Jones
13b. MOTHER'S MAIDEN NAME Elizabeth Price
14. NAME OF HUSBAND OR WIFE Damiel W. Plowman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Eunice Medley, Address Willow Springs

MEDICAL CERTIFICATION

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 myocardial infarction	5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis	9 mO.
DUE TO (c)	Arteriosclerosis	3 yrs.

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. ☐ 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 3/25/60 to 12/8/60 and last saw him alive on 12/8/60
Death occurred at 11:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. F. Callihan (Degree or title) M. D.
Dr. C. F. Callihan MD
22b. ADDRESS West Plains, Mo.
22c. DATE SIGNED 12/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/11/60
23c. NAME OF CEMETERY OR CREMATORY Mackey
23d. LOCATION (City, town, or county) (State) Howell County, Mo.
24. FUNERAL DIRECTOR Burns ADDRESS Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 12-14-60
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 20 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_____ Signed Fred W. Barnes

Signature of Student Embalmer

Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spring

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.