

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-
2853 -61-025421

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUN 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Robert A. Mac Naughton

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri		Length of stay in 1b 3 days	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 471 North River Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle T Last Plumleigh			4. DATE OF DEATH Month June Day 7 Year 1961		
5. SEX Male	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 5-15-1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Portland Cement Co	11. BIRTHPLACE (City and state or country) Judsonia Ark.	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME George Plumleigh		13b. MOTHER'S MAIDEN NAME Mariorie Porter		14. NAME OF HUSBAND OR WIFE Nellie Plumleigh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U S Navy			17. INFORMANT Nellie Plumleigh 471 North River Blvd.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER OF LUNG					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
DUE TO (b) with Metastases					
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 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 6:05 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 2/18/60 to 6/7/61 and last saw him alive on 6/7/61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert A. Mac Naughton M.D.			22b. ADDRESS Kansas City Mo.		22c. DATE SIGNED 6/8/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 10 1961	23c. NAME OF CEMETERY OR CREMATORY Clear Water Cemetery	23d. LOCATION (City, town, or county) (State) Clear Water Kansas		
24. FUNERAL DIRECTOR Roland R Speaks Funeral Home Independence		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-8-61	26. REGISTRAR'S SIGNATURE Ruth Long	

VS JUN 28 1961

FEB 20 1962

JUL 7 1961

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

Roland R. Speake

Licensed Embalmer No. 3604

P. O. Address Indy, Ind

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.