

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3671

BIRTH NO. 0020 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 508

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Andrew	
b. CITY OR TOWN Savannah	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SAVANNAH	0020 n
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) MARY	b. (Middle) Curtis	c. (Last) Buis	(Month) 2	(Day) 9	(Year) 51		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 2-1863	9. AGE (In years last birthday) 87	if UNDER 1 YEAR Months 8	if UNDER 24 HRS. Days 8	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Andrew Co mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Elisha Hurst		13b. MOTHER'S MAIDEN NAME MARGARET Best		14. NAME OF HUSBAND OR WIFE -			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m	16. SOCIAL SECURITY NO. n	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. O. Miller Savannah mo				
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Thrombosis of right foot and ankle 1 week	ANTECEDENT CAUSES	DUE TO (b) Arteriosclerosis	DUE TO (c)	4500
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from June 1950, to February 9, 1951, that I last saw the deceased alive on February 9, 1951, and that death occurred at 2:10 p. m., from the cause and on the date stated above.

23a. SIGNATURE. Vera M. Steadley (Degree or title) D.D.	23b. ADDRESS 801 1/2 Francis - St. Joseph, Mo	23c. DATE SIGNED Feb 10 - 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-11-1951	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH	24d. LOCATION (City, town, or county) (State) SAVANNAH mo

DATE REC'D BY LOCAL REG. 2-10-51	REGISTRAR'S SIGNATURE William Sparks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home SAVANNAH mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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: _____
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2658

P. O. Address Savannah mo

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 this body is not embalmed, fact should be so stated above.