

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40996
STATE FILE NUMBER

FILED JAN 2 1957

Registration District No. 96 Primary Registration District No. 5347 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN North Benton Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Buffalo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East 2 miles Length of stay in lb life		d. STREET ADDRESS RFD #1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARGARET C. MEANS First Middle Last			4. DATE OF DEATH 12-25-1956 Month Day Year		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-5-1867	9. AGE (In years and birthday) 89	IF UNDER 1 YEAR: Months 12 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own house	11. BIRTHPLACE (City and state or country) Dallas County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
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. <input checked="" type="checkbox"/>	17. INFORMANT Leatee Means, Buffalo, Mo. Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH ? ? ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) Broncho Pneumonia			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.) 592X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 1950 to 12-25-56 and last saw her alive on 12-23-56 Death occurred at 8:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Buffalo, Mo.	22c. DATE SIGNED 12-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-28-56	23c. NAME OF CEMETERY Prairie Grove	23d. LOCATION (City, town, or county) (State) Buffalo, Mo.
24. FUNERAL DIRECTOR L. B. Jones ADDRESS Buffalo, Mo.		25. DATE RECD. BY LOCAL REG. 12/28/56	26. REGISTRAR'S SIGNATURE Mrs. Hessel Petree

(Licensed Embalmer's Statement on Reverse Side)

Secretary, Coroner, District Clerk, or other official having custody of the body, must be satisfied that the cause of death is natural, and that the death is not due to any criminal act. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gene E. Hunt*

Licensed Embalmer No. *47*

P. O. Address *Buffalo*

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