Health, & Welfare
Public
Service

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12631

Registration District No. 96 Primary Registration District No. 5347 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Dallas County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Benton — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Buffalo, Mo. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dallas
c. CITY OR TOWN: Buffalo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Hwy. 32 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Minnie Middle: Mae Last: Williams
4. DATE OF DEATH: Month: May Day: 2 Year: 1957
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 26, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 11 Days 6 — IF UNDER 24 HRS.: 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): Dallas County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Douglas Smith
14. MOTHER'S MAIDEN NAME: Margret Smith
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.: None
17. INFORMANT: I. W. Williams, Buffalo, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c): Diabetes Mellitus — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hemiplegia (Cerebral Hemorrhage) 260X
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 1947, to 5-2-57 and last saw her alive on 5-1-57
Death occurred at 2:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. O. Gammon (Degree or title) M.D.
22b. ADDRESS: Buffalo, Mo.
22c. DATE SIGNED: 5-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-5-57
23c. NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery
23d. LOCATION (City, town, or county) (State): Buffalo, Missouri

24. FUNERAL DIRECTOR: Montgomery of Buffalo Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 5/13/57
26. REGISTRAR'S SIGNATURE: Mrs Grace Retree

(Licensed Embalmer's Statement on Reverse Side)

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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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lelyde Montgomery

Licensed Embalmer No. 359

P. O. Address Buffalo, N

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