

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33133

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u>			
b. CITY (If outside corporate limits, give-TOWNSHIP only) <u>RURAL ST. FRANCOIS</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>MIDDLEBROOK</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FULL NAME OF DECEASED (If NOT in hospital, give location) <u>MINERAL AREA OSTEOPATHIC HOSPITAL</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>2470</u>	
3. NAME OF DECEASED (Type or print) First <u>MINERVIA</u> Middle <u>ELIZABETH</u> Last <u>BUFORD</u>				4. DATE OF DEATH Month <u>SEPT.</u> Day <u>7</u> Year <u>1957</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 11, 1872</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NOT EMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13. FATHER'S NAME <u>JOHN LAMBERT</u>				14. MOTHER'S MAIDEN NAME <u>JERUSHA A. JOHNSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>ARTHUR BUFORD</u>		Address <u>MIDDLEBROOK MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? <u>2</u> 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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>Sept 6, 1957</u> to <u>Sept 7, 1957</u> and last saw her <u>alive</u> on <u>Sept 7, 1957</u> Death occurred at <u>4:00</u> P. <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>MVA Ruffing DO</u> (Degree or title) <u>2</u>				22b. ADDRESS <u>FLAT RIVER, MISSOURI</u>		22c. DATE SIGNED <u>9/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chapman Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Monterey Mo.</u>		
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u> <u>Ruel White</u>				25. DATE RECD. BY LOCAL REG. <u>Sept. 7, 1957</u>		25. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

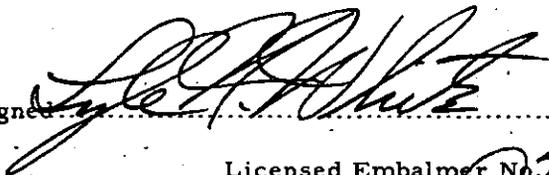
(Licensed Embalmer's Statement on Reverse Side)

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 

Licensed Embalmer No. 42

P. O. Address 

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.