

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005448

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1352

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10128  
201802

3

4 0

5 1

6

7 0

8 0

91533

10

11

12 4-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 4 1963	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>	
Length of stay in 1b <b>3 Mos.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Carter</b> b. COUNTY <b>Missouri</b>	
c. CITY OR TOWN <b>Van Buren,</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>Van Buren</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>URA VINCENT BUFFINGTON</b>	
4. DATE OF DEATH Month <b>Feb</b> Day <b>18</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-13-95</b>
9. AGE (last birthday) <b>67</b>	
IF UNDER 1 YEAR Months <b>7</b> Days <b>5</b>	
IF UNDER 24 HR Hours <b>5</b> Min. <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>Farming</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	
11. BIRTHPLACE (City and state or country) <b>Shannon</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>A. J. Buffington</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Vincent</b>	
14. NAME OF HUSBAND OR WIFE <b>Beulah Buffington</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, No, or unknown) (If yes, give war or dates) <b>No</b>	
16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Beulah Buffington, Van Buren Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma sigmoid</b>	
DUE TO (b) <b>Systemic metastasis</b>	
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 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 <b>3:15</b> a.m. <b>p.m.</b> Month, Day, Year	
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 <b>Poplar Bluff, Mo.</b>	
COUNTY <b>Ripley</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>2-16-1963</b> to <b>2-18-1963</b> and last saw <sup>her</sup> him alive on <b>2-18-1963</b> Death occurred at <b>3:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Ann K. Danell M.D.</b>	
22b. ADDRESS <b>215 Oak Street Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>2-20-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>2-20-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Big Barren Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Ripley County, Mo.</b>	
24. FUNERAL DIRECTOR <b>McSpadden Funeral Home, Van Buren, Mo</b>	
ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>2-27-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Helma Gahan</b>	

MAR 26 1963

APR 25 1963

**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 Allen C. McFadden

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.