MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047061
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1483

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED DEC 31 1963

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 70 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 205 Iowa Avenue — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 223 Iowa Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mollie Middle: Mary Last: Buford
4. DATE OF DEATH: Month: December Day: 27, Year: 1963
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 17, 1865
9. AGE (last birthday): 98 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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: Home
11. BIRTHPLACE (City and state or country): Wallace, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Peter Turner
13b. MOTHER'S MAIDEN NAME: Hannah Winthrop
14. NAME OF HUSBAND OR WIFE: Alexander Buford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Elsie Buford, Address: 205 Iowa Ave., City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unattended Death, Apparently
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Natural Causes - Investigated
DUE TO (c) by the City Health Department
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 ____ to ____ and last saw her alive on ____
Death occurred at 10:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert W. Kieber, MD (Degree or title) City Health Officer
22b. ADDRESS: St Joseph, Mo
22c. DATE SIGNED: 12-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 31, 1963
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Wm. H. Alexander ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 30, 1963
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Hardell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117		
3	2		
4	3		
5	2		
6			
7	0		
8	2		
9	7954		
10			
11			
12	90-5		
13	10		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF R. W. Kieber, MD — DOCUMENT — MEDICAL CERTIFICATION

Permit expired 12-30-63

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.