

FILED NOV 13 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37251**  
Registrar's No. **34**

Registration District No. **181**

Primary Registration District No. **4293 4293**  
**567-A**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Lincoln

(b) City or town Elberry, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)

**3. (a) PRINT FULL NAME** CORDEY BUFFORD.

3. (b) If veteran, name war 1

3. (c) Social Security No. \_\_\_\_\_

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 27 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

**9. Birthplace:** \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

**10. Usual occupation:** housewife

**11. Industry or business:** \_\_\_\_\_

**12. Name:** James Fuggle

**13. Birthplace:** \_\_\_\_\_ (City, town, or county) (State or foreign country) 9

**14. Maiden name:** Virginia Potts

**15. Birthplace:** \_\_\_\_\_ (City, town, or county) (State or foreign country) 9

**16. (a) Informant:** Charles Bufford

**(b) Address:** Elberry, Mo

**17. (a) Burial:** \_\_\_\_\_ (Burial, cremation, or removal)

**(b) Date thereof:** Oct 25 48 (Month) (Day) (Year)

**(c) Place:** Elberry, Mo

**18. (a) Signat[ur]e of funeral director:** Walter Miller

**(b) Address:** Elberry, Mo

**19. (a) Date received local registrar:** Nov 1-48

**(b) Registrar's signature:** Mrs. J. H. Dwyer (Date received local registrar) (Registrar's signature) 11-11

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Lincoln (b) County Missouri

(c) City or town Elberry, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) Rural.

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 23 year 1948 hour 7:45 minute 0 A. M.

**21. I hereby certify that I attended the deceased from** October 22 1948 to October 23 1948  
that I last saw her alive on October 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Extensive first and second degree burns

Due to \_\_\_\_\_

Other conditions Hypertensive cardiovascular disease  
(Include pregnancy within 6 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: 1st

Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) Accident 59

(b) Date of occurrence 10-22-48

(c) Where did injury occur? NEW HOPE LINCOLN MO.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home while working with work store clothing

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

**23. Signature:** Robert M. Hull (M. D. or other) 20

Address Elberry, Missouri Date signed 10-23-48

RECEIVED

District Health Officer No. 9,

District

NOV 10 1948

Date

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 Oct 23 78

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clifton Miller

licensed Embalmer No. 3364

P. O. Address Elabany, MD

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 this body is not embalmed, fact should be so stated above.