

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42388

State File No.

FILED JAN 21 1949

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 85

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: emblem before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Salisbury</u> <small>(If outside corporate limits, write RURAL and give township)</small>	c. LENGTH OF STAY (In this place) <u>sup. 3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>sup. Salisbury-Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1/2 mi. S.W. of Salisbury</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi - S.W. - of Salisbury</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lou</u> c. (Last) <u>Bettie Dufayette</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1948</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 12-1876</u>
9. AGE (In years last birthday) <u>72</u>		10. AGE (In years last birthday) <u>3</u> 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jap C. Case</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Clayburg</u>	
14. NAME OF HUSBAND OR WIFE <u>Eli Dufayette</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eli Dufayette Salisbury Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. <u>1/812</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death</u> INTERVAL BETWEEN ONSET AND DEATH <u>174</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia Left Side</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>Oct 20</u> , 1948, to <u>Dec-31</u> , 1948, that I last saw the deceased alive on <u>12/21</u> , 1948, and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. H. ...</u>		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>12/21/48</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Jan-2-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. E. ... Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-19-49

MAY 6 1955

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 me

Student Embalmer No.

working under my personal supervision.

Signed Chas B Winkelmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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 this body is not embalmed, fact should be so stated above.