

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36535

State File No.

FILED NOV 30 1949

BIRTH NO. REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLIMAX SPRINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLIMAX SPRINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>JANE</u> c. (Last) <u>BUELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 23 1949</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>Oct 14, 1877</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>CAMDEN County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>James Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>MacFarland</u>	14. NAME OF HUSBAND OR WIFE <u>Alpha F Buell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alpha F Buell</u> ADDRESS <u>Climax Springs</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kidney & Diabetes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart</u>		
	DUE TO (c) <u>60</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>410X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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)	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 11-23, 1949, to 11-23, 1949, that I last saw the deceased alive on 11-23, 1949, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. [Signature]</u>	23b. ADDRESS <u>1000 [Address]</u>	23c. DATE SIGNED <u>11-23-49</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 26 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLIMAX SPRINGS</u>
DATE REC'D BY LOCAL REG. <u>11-25-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24d. LOCATION (City, town, or county) (State) <u>CAMDEN County, MO</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. [Signature]</u>		ADDRESS <u>Warsaw</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1415

Date Filed 11-29-42

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
Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.