

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5799 State File No. 1906

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5-7-79 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MARION TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MARION TWP	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) R.F.D. HOLLIDAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#1, HOLLIDAY			

3. NAME OF DECEASED (Type or Print) a. (First) JOELLA b. (Middle) MALINDA c. (Last) BUFFINGTON			4. DATE OF DEATH (Month) (Day) (Year) JAN. 3 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		8. DATE OF BIRTH APRIL 12 1901	
11. BIRTHPLACE (State or foreign country) HOLLIDAY, MO. 0		9. AGE (In years last birthday) Months Days Hours Min. 49 8 21			
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME STERLING CRIM		13b. MOTHER'S MAIDEN NAME HOLZINA HARTMAN		14. NAME OF HUSBAND OR WIFE CYRUS BUFFINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CYRUS BUFFINGTON, HOLLIDAY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast		INTERVAL BETWEEN ONSET AND DEATH 5/20/48 170X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Feb 1951		19b. MAJOR FINDINGS OF OPERATION Small Carcinoma		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 **May 1944** to **JAN. 3, 1951**, that I last saw the deceased alive on **JAN 3, 1951**, and that death occurred at **4:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Speed (Degree or title)		23b. ADDRESS M. D. O PARIS, MISSOURI		23c. DATE SIGNED 1-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-5-51		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY	
24d. LOCATION (City, town, or county) (State) HOLLIDAY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Anna M. Burkett Speed & Blakey, PARIS, MO.			
DATE REC'D BY LOCAL REG. 1-10-51		REGISTRAR'S SIGNATURE 437			

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

0690
1

Received: 1-31-57
HEALTH OFFICE #2
District File Number 2-51-259
Date Filed: FEB 6 1951

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 W. B. Blakey

Licensed Embalmer No. 2616

P. O. Address PARIS, 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.