

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40567**

FILED DEC 18 1951

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4006** Registrar's No. **96**

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

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fillmore		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fillmore	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARY	b. (Middle) Alice	c. (Last) Buis	12-7-1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 10-24-1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Days 1 IF UNDER 24 HRS. Min. 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Andrew Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Dusley	13b. MOTHER'S MAIDEN NAME Catherine Bazzini	14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Willard Buis ADDRESS Savannah Mo

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 15 years
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis		
	DUE TO (c) Rheumatoid Arthritis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Aug 10**, 19**40**, to **12-7**, 19**51**, that I last saw the deceased alive on **12-7**, 19**51**, and that death occurred at **9:45 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) W. L. Holliday M.D.	23b. ADDRESS Fillmore Mo	23c. DATE SIGNED 12-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-9-1951	24c. NAME OF CEMETERY OR CREMATORY Fillmore
		24d. LOCATION (City, town, or county) (State) Fillmore Mo

DATE REC'D BY LOCAL REG. 12-13-51	REGISTRAR'S SIGNATURE L. Sparks	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home ADDRESS Savannah Mo
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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 E. C. Breit

Licensed Embalmer No. 2658

P. O. Address Sumner, 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.