

## STANDARD CERTIFICATE OF DEATH

31149

State File No. ....

BIRTH NO. SEP 16 1952

REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>DALLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>BUFFALO STAR</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Buffalo Star R.R.</b>	
c. LENGTH OF STAY (in this place) <b>16 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0300</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <b>MAUD</b>		b. (Middle) <b>MASH BURN</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>9-7-1952</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>9-30-1875</b>
9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Smelting</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas Passmore</b>	13b. MOTHER'S MAIDEN NAME <b>Sally Fea</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Mashburn</b> ADDRESS <b>Buffalo Star R.R.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. nephriti:s</b> DUE TO (c) <b>Arteriosclerosis</b> II. 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 <b>446 X</b>	
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) 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 _____, 19 <b>46</b> , to <b>9-7</b> , 1952, that I last saw the deceased alive on <b>9-1</b> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Buffalo Mo</b>	23c. DATE SIGNED <b>9-10-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>9-10-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clark Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Buffalo Mo</b>
DATE REC'D BY LOCAL REG. <b>9-12-52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L B Jones</b> ADDRESS <b>Buffalo Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Mark B Jones.....

Licensed Embalmer No. 4322.....

P. O. Address Buffalo, 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.