

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27958**

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 256			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 12 days		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital				e. STREET ADDRESS (If rural, give location) 237 North Fountain Street					
3. NAME OF DECEASED (Type or Print) MABEL BUYATTEE			a. (First)			b. (Middle)			
c. (Last) BUYATTEE			4. DATE OF DEATH September 5, 1953		5. (Month) (Day) (Year)				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH MAR 5 1887			
9. AGE (In years last birthday) 66		10. MONTHS 6		11. DAYS 0		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (City and State or Foreign Country) MINN.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ALONZO BUYATTEE		
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. 499-12-1217		17. INFORMANT'S SIGNATURE OR NAME ALONZO BUYATTEE ADDRESS 237 N FOUNTAIN ST CAPE GIRARDEAU 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pt. Hemorrhagia ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x				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 8/25 1953 , to 9/5 1953 , that I last saw the deceased alive on 9/4 1953 , and that death occurred at 3 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. H. Kerin MD				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 9/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 7 1953		24c. NAME OF CEMETERY OR CREMATORY ST MARYS		24d. LOCATION (City, town, or county) (State) ST MARYS MO			
DATE REC'D BY LOCAL REG. 9-7-53		REGISTRAR'S SIGNATURE C. O. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Sec. Bush & Son		ADDRESS St. Genevieve Mo			

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.....
Signature of Student Embalmer

Signed..... *Christian J. Ehler*

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.