

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32112**

FILED OCT 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ill.</b> b. COUNTY <b>Madison</b>		
b. CITY OR TOWN <b>Chapel Twp</b>		c. LENGTH OF STAY (in this place) <b>3 wks</b>	c. CITY OR TOWN <b>Jacksonville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 E - 3 mi N. of Lewis Summit</b>			e. STREET ADDRESS (If rural, give location) <b>10 E - 3 mi N. of Lewis Summit</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Gregory</b> c. (Last) <b>Buffe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 27 1953</b>		
5. SEX <b>fe</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 30 1860</b>	9. AGE (In years last birthday) <b>92</b>	10. IF UNDER 1 YEAR Months <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Gregory</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Otto F. Buffe Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Christ E. Miller MD</b> ADDRESS <b>Lewis Summit Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-vascular-Renal</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> <b>sixeen</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442x</b>		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) (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 <b>9-21-</b> , 1953, to <b>9-27</b> , 1953, that I last saw the deceased alive on <b>9-27</b> , 1953, and that death occurred at <b>4:15 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Christ E. Miller MD</b>			23b. ADDRESS <b>Lewis Summit Mo</b>		23c. DATE SIGNED <b>9-27-53</b>
24a. BURIAL, CREMATION, REMOVAL <b>removal</b>	24b. DATE <b>Sept 27/53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Jacksonville Ill.</b>		
DATE REC'D BY LOCAL REG. <b>9/27/53</b>		REGISTRAR'S SIGNATURE <b>N B Longford</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Stine-McClure</b> ADDRESS <b>KE MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *J. Crowell* .....

Licensed Embalmer No. *4904* .....

P. O. Address *K.P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.