S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38637

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: DALLAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUFFALO RR
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo R.R.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FERN
b. (Middle): OLIVE
c. (Last): HEITER

4. DATE OF DEATH (Month) (Day) (Year): 11-28-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-3-1895
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 0, Days 23+ — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Arthur

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.:
17. INFORMANT'S SIGNATURE OR NAME: Arthur Heiter — **ADDRESS**: Buffalo 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Carcinoma — 6 mo
DUE TO (c): Carcinoma Liver & Gall Bladder — 1½ yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 53
19b. MAJOR FINDINGS OF OPERATION: Disseminated Adenocarcinoma
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 May, 1953, *to* 27 Nov, 1953, *that I last saw the deceased alive on* 27 Nov, 1953, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O A Griffin (Degree or title): MD
23b. ADDRESS: Buffalo
23c. DATE SIGNED: 11-30-

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1 1953
24c. NAME OF CEMETERY OR CREMATORY: Church Grove
24d. LOCATION (City, town, or county) (State): Dallas Co Mo

DATE REC'D BY LOCAL REG.: 12/7/53
REGISTRAR'S SIGNATURE: Mrs Grace Petree
25. FUNERAL DIRECTOR'S SIGNATURE: L B Jones — **ADDRESS**: Buffalo Mo

(Licensed Embalmer) (See Statement on Reverse Side)

JUL 6 1962

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.