

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9502**

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **5831** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural FRANKLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) 1 mile East of Fairview Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) Lottie	b. (Middle) MAE	c. (Last) Buxton	4. DATE OF DEATH (Month) (Day) (Year) 3 27 54
-------------------------------------	--------------------------	------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH June 7 1889	9. AGE (In years last birthday) 64	# UNDER 1 YEAR 9 Months 30 Days	# UNDER 12 HRS. 0 Hours 0 Min.
----------------------	-------------------------------	--	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME John Garrett	13b. MOTHER'S MAIDEN NAME Nona Bivins	14. NAME OF HUSBAND OR WIFE Divorced
--	--	---

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. none	17. INFORMANT'S SIGNATURE OR NAME Mildred Stark	18. ADDRESS 306 Brookbrook 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 331 X	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 **3-25, 1954**, to **3-27, 1954**, that I last saw the deceased alive on **3-26, 1954**, and that death occurred at **4:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Baldwin	23b. ADDRESS D. 02 Curdy Mo	23c. DATE SIGNED 3-29-54
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-29-54	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	24d. LOCATION (City, town, or county) (State) Fairview Mo, Newton County
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 4-1-54	REGISTRAR'S SIGNATURE Alpha Dyer	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Morris Pope	ADDRESS Whiston, Mo.
--	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 454-61

Date Filed APR 9 1952

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

MAY 17 1952

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 James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.