

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41768

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florida, Mo.-Jefferson		c. CITY OR TOWN Florida, Missouri	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 6690	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Stoutsville, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Edwin	b. (Middle)	c. (Last) Buffington.	4. DATE OF DEATH (Month) (Day) (Year) Dec 30, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1954	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Brooks Buffington	13b. MOTHER'S MAIDEN NAME Mary Jane Foree.	14. NAME OF HUSBAND OR WIFE Sarah Jane Buffington.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Jane Buffington ADDRESS Florida Mo
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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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensating Heart		
	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 4343	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1954** to **12-30-1954**, that I last saw the deceased alive on **12-30-1954**, and that death occurred at **10:50 PM**, from the causes and on the date stated above.

23a. SIGNATURE E. T. Swan	(Degree or title) D.O.	23b. ADDRESS Perry, Missouri.	23c. DATE SIGNED 1-1-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-1-1955	24c. NAME OF CEMETERY OR CREMATORY Plesant Hill	24d. LOCATION (City, town, or county) (State) Monroe County, Mo.
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DATE REC'D BY LOCAL REG. 1-11-55	REGISTRAR'S SIGNATURE F. D. Barnett	25. FUNERAL DIRECTOR'S SIGNATURE Clyde R. Wiley ADDRESS Perry, Missouri
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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 *Olyse C. Wiley*

Licensed Embalmer No. 3820

P. O. Address Perry, Miss

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.