

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43365

State File No.

FILED FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (Rural)</u> <u>0670</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Box 40A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Route 2, Box 40A</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bettie</u> b. (Middle) _____ c. (Last) <u>Van Buren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1954</u>		
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>August 1891</u>		9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>4</u> Days _____	
IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Abbeville, Miss.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Burd Lucas</u>		13b. MOTHER'S MAIDEN NAME <u>Bell Shaw</u>		14. NAME OF HUSBAND OR WIFE <u>Dave Van Buren</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dave Van Buren, R. 2, Box 40A, Charleston, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>			<u>Instantly</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 admitted as coroner, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6:45A m., from the causes and on the date stated above.

22. SIGNATURE <u>Jean Shelby Coroner</u> (Degree or title)		23a. ADDRESS <u>East Prairie, Mo.</u>		23c. DATE SIGNED <u>12-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. D. Sparks</u> <u>Charleston, Mo</u>			
DATE REC'D BY LOCAL REG. <u>42-55</u>		REGISTRAR'S SIGNATURE <u>Jean Hearnest</u> <u>480</u>			

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

670

FEB 11 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed ~~FEB 11 1955~~

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.