

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25034

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Halena</u> c. LENGTH OF STAY (If in institution) <u>Entire life</u>		c. CITY OR TOWN <u>Halena</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carne</u> b. (Middle) <u>Muranda</u> c. (Last) <u>Buldebay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 20-1871</u>
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	9. AGE (In years last birthday) <u>84</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Burton Carney</u>	13b. MOTHER'S MAIDEN NAME <u>Leitha Henson</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Preston Buldebay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ora Carney</u> ADDRESS <u>Cape Fair</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>+</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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 July 7, 1954 to July 25, 1955, that I last saw the deceased alive on July 25, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. O. Statue</u> (Degree or title)	23b. ADDRESS <u>MO 0 Kansas Springs Mo</u>	23c. DATE SIGNED <u>7-26-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Fair - Mo</u>
DATE REC'D BY LOCAL REG. <u>July 27-55</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u> ADDRESS <u>Halena</u>	

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

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 *Everett J. Cheatham*

Licensed Embalmer No. *38*

P. O. Address *Helena*

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.