

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40444

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LABELLE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Home #1-5th Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MILDRED Middle B. Last MINTER			4. DATE OF DEATH Month DECEMBER Day 23 Year 1956
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 23, 1867
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) HANCOCK COUNTY, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME M. M. BUFORD	
14. MOTHER'S MAIDEN NAME ELIZABETH GERMAN		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 Address MRS. F. L. YOUNG, LABELLE, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute heart failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) Hypothyroidism			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/>	19b. SUICIDE <input type="checkbox"/>	19c. HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200
20a. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-28-56 to 12-23-56 and last saw her alive on 12-23-56 Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. O. B. R. D.		22b. ADDRESS Kirkville MO	
22c. DATE SIGNED 12-24-56		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 12/27/1956		23c. NAME OF CEMETERY OR CREMATORY LABELLE CEMETERY	
23d. LOCATION (City, town, or county) (State) LABELLE, MISSOURI		24. FUNERAL DIRECTOR ADDRESS Glenn J. Labelle, Mo.	
25. DATE RECD. BY LOCAL REG. 12-28-56		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Myself....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. L. L. J......
Licensed Embalmer No. 43

P. O. Address Labella

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.