

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5705

State File No. ....

FILED MAR 14 1957  
BIRTH NO. 16733-57 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PERRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PERRYVILLE</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>PERRYVILLE</b> <u>0991</u> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PERRY COUNTY MEMORIAL HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>123 Zeno St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CAROL</b> b. (Middle) <b>ANN</b> c. (Last) <b>BUFF</b>			4. DATE OF DEATH <b>FEBRUARY 23, 1957</b> (Month) (Day) (Year)			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 7, 1957</b>	9. AGE (In years last birthday) <b>16</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>PERRY COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>LESTER BUFF</b>	13b. MOTHER'S MAIDEN NAME <b>MARIE BAUDENDISTEL</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LESTER BUFF, PERRYVILLE, MO.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 da</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Aspiration</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pregnature, 26 week gestation - wt. 1 lb. 13 1/2 oz.</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	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) <b>7435</b>
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 7 Feb, 1957, to 23 Feb, 1957, that I last saw the deceased alive on 23 Feb, 1957, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James Fredall M.D.</b>	23b. ADDRESS <b>Wynell, Mo</b>	23c. DATE SIGNED <b>23 Feb 1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 24, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PERRYVILLE, MO.</b>
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DATE REC'D BY LOCAL REG. <b>2-24-57</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Key, Perryville, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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6078

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed..... *Albert B...*

Licensed Embalmer No... *38*

P. O. Address *Ferryhill*

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.