

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1957

36797

Registration District No. 265

Primary Registration District No. 6292

Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thornfield Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Thornfield Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Edith Middle Heriford Last Heriford		4. DATE OF DEATH Month Oct. Day 16 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 11, 1901
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and state or country) Hammond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm. H. Bruffett		14. MOTHER'S MAIDEN NAME Samantha Stone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Ira B. Heriford, Thornfield, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4201 DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instantaneous
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Thornfield, Missouri		COUNTY Thornfield STATE Missouri	
21. I attended the deceased from 10-16-57 to 10-16-57 and last saw her alive on 10-16-57 Death occurred at P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ira B. Heriford (Deputy or title)		22b. ADDRESS Ava, Mo	
22c. DATE SIGNED 10-19-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-20-57	
23c. NAME OF CEMETERY OR CREMATORY Thornfield		23d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 10-26-57	
26. REGISTRAR'S SIGNATURE Shane Mahan			

(Licensed Embalmer's Statement on Reverse Side)

JAN 80 1958

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

Lyle S. Claborn

Licensed Embalmer No. 482

P. O. Address. Ave. No.

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.