

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-037172**

**FILED VS OCT 28 1959**

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 120

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greene Twp.</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Buffalo R.F.D. 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 mi. n.w. of Buffalo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9 mi. n.w. of Buffalo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>EASTER</u> Last <u>BOY</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>12</u> Year <u>1959</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>April 24 1894</u>	9. AGE (last birthday) <u>65 yrs</u>	IF UNDER 1 YEAR Months <u>5</u> Day <u>19</u>	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Polk Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>Sallyette Boy</u>			13b. MOTHER'S MAIDEN NAME <u>Rodie Luckness</u>			14. NAME OF HUSBAND OR WIFE _____			
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 <u>Eugene Boy Buffalo Mo.</u> 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) <u>2 n per of lung + 12/14/59</u>							INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____ p.m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		
21. I attended the deceased from <u>1958</u> to <u>10-12-59</u> and last saw him alive on <u>10-12-59</u> Death occurred at <u>10:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>C.D. Danner</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Buffalo Mo.</u>				22c. DATE SIGNED <u>10-15-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 15 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>			
24. FUNERAL DIRECTOR <u>L.B. Jones Buffalo, Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>10-19-1959</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordonper Jewell</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 me, Student Embalmer No. ✓  
working under my personal supervision.

Student ✓  
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, mo.

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.