

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JAN 25 1960

=60-002339

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora, Mo.</u>		Length of stay in lb <u>2 das.</u>	c. CITY OR TOWN <u>Mt. Vernon</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>Aurora Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route 1.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Arville</u> Middle <u>Evelyn</u> Last <u>Buffington</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>16</u> Year <u>1960</u>			
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 16 - 1903</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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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 <u>Labour - Carnation Co.</u>	11. BIRTHPLACE (City and state or country) <u>Lawrence Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>Albert Parsons</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Louisa Lundy</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Tillman Buffington</u>
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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. <u>498-28-0449</u>	17. INFORMANT <u>Husband</u> Address <u>Mt. Vernon Mo. RR. 1.</u>
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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>Postero-lateral Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Rheumatic Fever Syndrome (St. Vitus Dance - age 16 yrs.)</u>	
	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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 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 _____
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21. I attended the deceased from Jan. 14, 1960 to Jan. 16, 1960 and last saw her alive on Jan 16, 1960
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Germeth Glover M.D.</u> (Degree or title)	22b. ADDRESS <u>Mt. Vernon, Mo.</u>	22c. DATE SIGNED <u>1/18/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) _____	23b. DATE <u>Jan. 19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pritchett Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Chesapeake - Lawrence Co. - Mo.</u>
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24. FUNERAL DIRECTOR <u>Max L. Fossitt - 510 E. Cherry Mt. Vernon Mo</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>1-19-1960</u>	26. REGISTRAR'S SIGNATURE <u>Oran Mc Nett</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 23 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Murkano

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