

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021629

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 314

STATE FILE NUMBER

FILED JUL 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | |
|---|---------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in lb Lifetime | c. CITY OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1302 Byers Avenue | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1302 Byers Avenue | |
| 3. NAME OF DECEASED (Type or print) First LILLIE Middle A. Last BUHRER | | | 4. DATE OF DEATH Month July Day 2, Year 1961 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-3-1885 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Saleslady | | 10b. KIND OF BUSINESS OR INDUSTRY Joplin Millinery Co. | | 11. BIRTHPLACE (City and state or country) Joplin, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | | 13a. FATHER'S NAME A. G. Nugent | | |
| 13b. MOTHER'S MAIDEN NAME Emma Craig | | | 14. NAME OF HUSBAND OR WIFE A. D. Buhner, Dec'd | | |
| 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. Unk | | 17. INFORMANT Dau- Mrs. Louise Current, 1302 Byers Avenue 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) Sarcoma | | | | | INTERVAL BETWEEN ONSET AND DEATH months |
| 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) Generalized Vascular Sclerosis | | | | 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 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 June 1961 to July 2 1961 and last saw her alive on June 17 1961 Death occurred at 11:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) E. O. Martin | | | 22b. ADDRESS 908 East 7th, Joplin Mo | | 22c. DATE SIGNED 7-3-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7-5-1961 | 23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY, | | 23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI |
| 24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI | | | 25. DATE RECD. BY LOCAL REG. 7-5-1961 | | 26. REGISTRAR'S SIGNATURE Dove Merriam |

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 Harvey E. Arice

Licensed Embalmer No. 4465

P. O. Address Joplin, 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.