

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024097

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JUL 17 1961

Primary Registration District No. 1000

1000

683

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri			Length of stay in 1b 7 years		c. CITY OR TOWN St. Joseph, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (Home) 2101 Mulberry St.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2101 Mulberry St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle B. Last BUFFUM				4. DATE OF DEATH Month June Day 30 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Apr. 21, 1875	
				9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Marengo, Iowa	
12. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME August Baumer			
13b. MOTHER'S MAIDEN NAME Mary J. Ford				14. NAME OF HUSBAND OR WIFE James A. Buffum			
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 Son Address Mr. James T. Buffum 2103 Mulberry St.	
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 10 days
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 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 Jan 1958 to 23 June 61 and last saw her alive on 23 June 61 Death occurred at 11:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J.L. Mothershead, M.D.				22b. ADDRESS 2603 Friedrich		22c. DATE SIGNED 7-5-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 5, 1961		23c. NAME OF CEMETERY OR CREMATORY Maplehill Cemetery		23d. LOCATION (City, town, or county) (State) Osceola, Iowa	
24. FUNERAL DIRECTOR Meierhofer Fleeman F.H. St. Joseph, Missouri				25. DATE RECD. BY LOCAL REG. July 1, 1961		26. REGISTRAR'S SIGNATURE Mrs. Clark Hardell	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

J.L. Mothershead, M.D. 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill J. Chavira

Licensed Embalmer No. 46791

P. O. Address St. Joseph

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.