

# COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-041589**

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 119

AMENDED

**FILED DEC 14 1961**

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>Mt. Vernon</u>		c. CITY OR TOWN <u>Mt. Vernon, Mo.</u>	
Length of stay in lb <u>7 das.</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>Mo. State Sanatorium</u>		d. STREET ADDRESS (If outside, give location) <u>R. R. #1</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Dannie</u> Middle <u>Jewell</u> Last <u>Buffington</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>1</u> Year <u>1961</u>		
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>6/9/27</u>	9. AGE (last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
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		11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Mo.</u>	
13a. FATHER'S NAME <u>Elmer Roach</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Junior Buffington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			17. INFORMANT Address <u>Med. Records, Mo. S. S., Mt. Vernon</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Septicemia, pseudomonas</u>		
DUE TO (b) <u>Bacterial pneumonia, pseudomonas</u>		
DUE TO (c) <u>Lung Abscess</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary hemorrhage; pulmonary histoplasmosis, activity undetermined, hypogammaglobulinemia</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. 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 <u>  </u> Month, Day, Year <u>  </u>	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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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 11/24/61 to 12/1/61 and last saw alive on 12/1/61  
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. Lewis Yates</u> (Degree or title) <u>M. D.</u>	22b. ADDRESS <u>Mt. Vernon, Missouri</u>	22c. DATE SIGNED <u>12-1-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>December 4, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Summit Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Missouri</u>
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24. FUNERAL DIRECTOR <u>Marsh Funeral Home, Inc. Auro ra, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>12-7-61</u>	26. REGISTRAR'S SIGNATURE <u>Ray Wynne</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF TEXAS

DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY THE LICENSED EMBALMER OR STUDENT EMBALMER WORKING UNDER HIS SUPERVISION.

NAME OF DECEASED \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_  
PLACE OF BURIAL \_\_\_\_\_

**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 *Ernest L. Harris*

Licensed Embalmer No. 3812

P. O. Address *Amoria*

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.