MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047371
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 659

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 424 Pennsylvania Ave., Mallory Apts.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Esther Middle: Maude Last: Buriff

4. DATE OF DEATH Month: December Day: 27, Year: 1962

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-25-1872
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Niles, Michigan
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Dr. John MacNeil
13b. MOTHER'S MAIDEN NAME Barbara Humphrey
14. NAME OF HUSBAND OR WIFE Unknown

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.
17. INFORMANT Mrs. Buriff before death Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 48 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aur. fibrillation — 4 wks.
DUE TO (c) Hypertensive heart disease — 2 yrs.
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12-23-62, to 12-27-62 and last saw her alive on 12-27-62
Death occurred at 2:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. L. Scerre M.D. (Degree or title)
22b. ADDRESS 2509 Jackson, Joplin, Mo.
22c. DATE SIGNED 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-28-1962
23c. NAME OF CEMETERY OR CREMATORY Osborn
23d. LOCATION (City, town, or county) Joplin, Jasper (State) Mo.

24. FUNERAL DIRECTOR Hurlbut-Steven-Glover MORTUARY, JOPLIN, MISSOURI
ADDRESS
25. DATE RECD. BY LOCAL REG. 12-28-62
26. REGISTRAR'S SIGNATURE Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
10	499		
2	499		2
3			
4	1		
5	2		
6			
7	1		
8	2		
9	443X		
10			
11			
12	3-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

JAN 16 1963

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 Arnie

Licensed Embalmer No. 4463

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.