

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8373

FILED FEB 24 1953

State File No.

No. 300
10.46

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall,</u>		<u>0972</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>473 W. Marion</u>				d. STREET ADDRESS (If rural, give location) <u>473 West, Marion</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Buford</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor Church</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Buford</u>		13b. MOTHER'S MAIDEN NAME <u>Salvina Tibbs.</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ida Buford</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>		16. SOCIAL SECURITY NO. <u>497-26-4037</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Buford, Marshall, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21d. TIME OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 12</u> , 19 <u>53</u> , to <u>Feb. 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 16</u> , 19 <u>53</u> , and that death occurred at <u>5:40p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James G. Reed M.D.</u>				23b. ADDRESS <u>Marshall, Missouri</u>		23c. DATE SIGNED <u>2-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 19, 1953</u>		REGISTRAR'S SIGNATURE <u>Widney J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benge & Green</u>		ADDRESS <u>Marshall, Mo.</u>	

972

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Meishell, 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 this body is not embalmed, fact should be so stated above.