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

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17127

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4503

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2023a Franklin Ave

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Buntin

4. DATE OF DEATH (Month) (Day) (Year): May 19 1949

5. SEX: male 2
6. COLOR OR RACE: col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Dec 23-1873
9. AGE (In years last birthday): 75 — If under 1 year: Months 4, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tallahatchie Miss
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: George T. Buntin
13b. MOTHER'S MAIDEN NAME: Sinnia unk
14. NAME OF HUSBAND OR WIFE: widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Essie Buntin 2023a Franklin Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive Uropathy with Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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): 135 6
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 603X

22. *I hereby certify that I attended the deceased from* 5-13, 1949, *to* 5-19, 1949, *that I last saw the deceased alive on* 5-19, 1949, *and that death occurred at* 3:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oscar L Daniels M. D.
23b. ADDRESS: 2601 N WhittierSt
23c. DATE SIGNED: 5-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-21-1949
24c. NAME OF CEMETERY OR CREMATORY: Oakley
24d. LOCATION (City, town, or county) (State): Oakley Miss

DATE REC'D BY LOCAL REG. MAY 21 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.H.Randle & Son 3133 Bell Ave

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 27 Lyndhurst

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.