

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18563

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5073 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Barton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Northfork</b>		c. LENGTH OF STAY (in this place) <b>6 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Northfork</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>David</b> c. (Last) <b>BUDD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 29, 1879</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>William Budd</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Budd</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Myrtle Budd</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Budd, Jasper, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas.</b>  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  <b>159X</b>
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) <b>0</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Northfork, Barton, Mo.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>at time of death</b> , 19____, that I last saw the deceased alive on <b>2-1-</b> , 1949, and that death occurred at <b>6-30 A.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>W.H. Knatt M.D.</b>				23b. ADDRESS <b>Jasper, Mo.</b>		23c. DATE SIGNED <b>6-9-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-10-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Waters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Barton Co. MO.</b>		
DATE REC'D BY LOCAL REG. <b>June 15th 1949</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sharp &amp; Selvey, Jasper, Mo.</b> By <b>Martin Selvey</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED

District Health Officer No. 6

District File No. 649-717

Date Filed 6-20-49

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

*Glen A. Gibbons*

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Glen A. Gibbons*

Licensed Embalmer No.

*4624*

P. O. Address

*Jasper, 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.