

FILED JUL 20 1949

STANDARD CERTIFICATE OF DEATH

5994 State File No. 24389

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

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4438 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
-a. STATE Missouri b. COUNTY Pulaski

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland R2 (Liberty)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland R2 (Liberty)

d. FULL NAME OF HOSPITAL OR INSTITUTION No

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Oscar b. (Middle) c. (Last) Buxtom

4. DATE OF DEATH (Month) (Day) (Year)
July 8, 1949

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH October 16, 1889
9. AGE (In years last birthday) 59
IF UNDER 1 YEAR: Months 8 Days 16
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Wisconsin

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Robert Wm Buxtom

13b. MOTHER'S MAIDEN NAME
Melvina Fox

14. NAME OF HUSBAND OR WIFE
Cora Ethel Buxtom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Violet Miller Richland R2, Mo.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease 2 mos
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
4 1/2

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1949 to July 8, 1949 that I last saw the deceased alive on July 1, 1949, and that death occurred at 6:20 Am. from the causes and on the date stated above.

23a. SIGNATURE (Describe or title)
Dorothy Buxtom

23b. ADDRESS
Richland

23c. DATE SIGNED
19 July 49

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
7/11/49

24c. NAME OF CEMETERY OR CREMATORY
Decker & Hedges Addt. Crocker Cemetery

24d. LOCATION (City, town, or county) (State)
Crocker, Missouri

DATE REC'D BY LOCAL REG.
7-16-49

REGISTRAR'S SIGNATURE
Thelma C. Buckthorn

FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Walter P. Hedges Iberia, Mo.

JUL 15 1949

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 _____

Walter P. Neages

Licensed Embalmer No. 1265

P. O. Address Iberia, Missouri

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.