

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34376
Registrar's No. 65

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN c. LENGTH OF STAY (in this place) 1 57 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 501 South MAIN

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

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) LANPHER c. (Last) BUFORD

4. DATE OF DEATH (Month) (Day) (Year)
October 13, 1949

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH September 14, 1892 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months — Days — IF UNDER 2 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Dealer 10b. KIND OF BUSINESS OR INDUSTRY CHEVROLET 11. BIRTHPLACE (State or foreign country) Madison Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME SAM BUFORD 13b. MOTHER'S MAIDEN NAME LILLIE LANPHER 14. NAME OF HUSBAND OR WIFE MARIE C. BUFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) World War I 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE C. BUFORD, FREDERICKTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION CORONER'S JURY VERDICT: DECEASED CAME TO HIS DEATH BY GUN SHOT WOUND, SELF-INFLICTED.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GUN SHOT WOUND
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

19a. DATE OF OPERATION NONE 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) Home 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FREDERICKTOWN, MADISON, MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT. 13, 1949 2:00 A.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? GUN shot, self-inflicted

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam Dajin Jr. Coroner, Madison Co. Mo. 23b. ADDRESS FREDERICKTOWN, Mo. 23c. DATE SIGNED 10/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10/16/49 24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY 24d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MISSOURI

DATE REC'D BY LOCAL REG. 10-25-1949 REGISTRAR'S SIGNATURE Barbara Pickett 1949 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Dajin Jr., Fredericktown, Mo.

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

RECEIVED 11-3-49

District Health Officer No. 4

District File Number 1149-1456

Date Filed _____

NOV 30 1949

SEP 15 1950

SEP 18 1950

JUN 18 1962

SEP 26 1950

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 Sam Sajim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.