

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3561BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Sylvania</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Rural Sylvania</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt 1 Oran</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rural Oran</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) _____		c. (Last) <u>Buell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 50</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-28-1883</u>		9. AGE (In years last birthday) <u>66</u>		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) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Joseph Buell</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Lettie Buell</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lettie Buell</u>				ADDRESS <u>Oran, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pulmonary Hemorrhage</u> DUE TO (c) <u>Primary Pulmonary Tuberculosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 years</u>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Nov. 14, 1949, to Jan. 14, 1950, that I last saw the deceased alive on Jan. 13, 1950, and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. P. Bryan D.O.</u>		23b. ADDRESS <u>Benton, Missouri</u>		23c. DATE SIGNED <u>1-16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oran, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/7/50</u>		REGISTRAR'S SIGNATURE <u>Grace Mackreath</u> <u>298</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>		ADDRESS <u>Oran, Mo.</u>	

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RECEIVED

District Health Office No

District File Number 250 - 1

Date Filed

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, EMM

Student Embalmer No.

working under my personal supervision.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, 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.