

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37561**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buttledge Mt. #2</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles South East of Buttledge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Libanon Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wallace</u> b. (Middle) <u>B.</u> c. (Last) <u>Buford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1950</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>Aug 15, 1894</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Knox County Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James A. Buford</u>	13b. MOTHER'S MAIDEN NAME <u>Alma Holden</u>	14. NAME OF HUSBAND OR WIFE <u>Vera B. Buford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Vera B. Buford</u> ADDRESS <u>Buttledge Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Gunshot wound (accidental)</u> DUE TO (c) _____		<u>2 1/2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>19</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>052 Knox Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-19-50 5:30pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidentally shot in rt. thigh</u>

22. I hereby certify that I attended the deceased from 11-19, 1950, to 11-19, 1950, that I last saw the deceased alive on 11-19, 1950, and that death occurred at 5:48 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond H. Mahrey</u> (Name or title)	23b. ADDRESS <u>Libanon Hospital Edina Mo</u>	23c. DATE SIGNED <u>11-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 22 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buttledge Cemetery</u>	24d. LOCATION (City, town, or county) (State). <u>Buttledge Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 25-1950</u>	REGISTRAR'S SIGNATURE <u>Neil S. Hunsack</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl H. Backus</u> ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

51/127  
Date Received: DEC 4 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-206  
Date Filed: DEC 7 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 \_\_\_\_\_

Licensed Embalmer No. 4258

P. O. Address Memphis, Tenn.

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.