

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37866

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>NEOSHO TWP.</u>				d. STREET ADDRESS (If rural, give location) <u>NEOSHO TWP.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLAUDE</u>		b. (Middle) <u>EARNEST</u>		c. (Last) <u>BUZZARD</u>	
4. DATE OF DEATH		(Month) <u>NOV.</u>		(Day) <u>6.</u>		(Year) <u>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>FEB. 15, 1885</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>Newton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>	
13a. FATHER'S NAME <u>JOHN S. BUZZARD</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE CABLINGER</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL BUZZARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ETHEL BUZZARD NEOSHO #4</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> 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. <u>4/201</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) 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 <u>10-24-1949</u> to <u>NOV. 6, 1950</u> , that I last saw the deceased alive on <u>11-6-1950</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul C. Davis M.D.</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>11/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELFAST</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>William C. Borman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>		ADDRESS <u>Neosho Mo.</u>	

RECEIVED

District Health Officer No. Newton Co. Health
District File Number 1150-249 Dept.
Date Filed 11/16/50

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 _____

Cary Thompson Jr. Student Embalmer No. 384
working under my personal supervision.

Student Cary Thompson Jr.
Student Embalmer

Signed Cary Thompson
Licensed Embalmer No. 3259

P. O. Address Neosho 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.