

FILED DEC 22 1950

THE DIVISION OF HEADS
STANDARD CERTIFICATE OF DEATHState File No. **41313**BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4258 Registrar's No. 65

1. PLACE OF DEATH

a. COUNTY

KNOX

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

EDINA

c. LENGTH OF STAY (In this place)

5 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before

a. STATE

MISSOURI

b. COUNTY

KNOX

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

EDINA

d. STREET ADDRESS (If rural, give location)

604 N. 4th St.

3. NAME OF DECEASED (Type or Print)

a. (First)

DELLA

b. (Middle)

SARAH

c. (Last)

BUCHON

4. DATE OF DEATH (Month) (Day) (Year)

DEC. 11 1950

5. SEX

F

6. COLOR OR RACE

W

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

MARRIED

8. DATE OF BIRTH

MAY 12, 1868

9. AGE (In years last birthday)

82

IF UNDER 1 YEAR

Months Days

6 30

IF UNDER 24 HRS.

Hours Min.

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

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

FESTUS, MISSOURI

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

WALTER McCARTY

13b. MOTHER'S MAIDEN NAME

SARAH ANN VINYARD

14. NAME OF HUSBAND OR WIFE

NARCIS BUCHON

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.

NONENONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

R.D. Sigman Edina, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Cerebral Apoplexia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Arterio Sclerosis

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

5 yrs334X

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) m.

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 July 1949 to Nov. 11, 1950 that I last saw the deceased alive on Aug. 11, 1950, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Dr. Samuel S. 1502

23b. ADDRESS

Edina Mo

23c. DATE SIGNED

12/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

12/14/50

24c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

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

ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.

Dec. 13 - 50

REGISTRAR'S SIGNATURE

Thos. S. Hummer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

L.B. Kelly Edina, Mo.

FEB 21 1951

FEB 24 1951

Date Received: DEC 16 1950

DISTRICT HEALTH OFFICE #2

District File Number 12-50-2

Date Filed:

DEC 20 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, only

Student Embalmer No. _____

working under my personal supervision.

Signed Richard B. Kelly

Signed.....

Student Embalmer

Licensed Embalmer No. 4490

P. O. Address Edina, Minn.

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.