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

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41794

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 593 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesville
c. LENGTH OF STAY (In this place) 4½ mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Long's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dixon Rt 1
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) ROENA b. (Middle) c. (Last) Buhl

4. DATE OF DEATH (Month) (Day) (Year) December 15, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH July 10, 1861

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 3 Days 5 — IF UNDER 24 HRS. Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME Martha Ann Dill

14. NAME OF HUSBAND OR WIFE Horatio Buhl

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. No

17. INFORMANT'S SIGNATURE OR NAME Lee Emery Buhl — **ADDRESS** Dixon Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Burning — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ E9160

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 40

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Building

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waynesville Pulaski Missouri

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* Dec 15, 1950, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Billy Jr. Hudgens (Degree or title) MD

23b. ADDRESS Crocker Missouri

23c. DATE SIGNED 12/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/19/50

24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery

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

DATE REC'D BY LOCAL REG. 12/20/50

REGISTRAR'S SIGNATURE Thelma C. Buckhanan 189

25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges — **ADDRESS** Rich Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-23-50
Pulaski County Health Officer
File Number
Date Filed 12-23-50

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

working under my personal supervision.

Student Embalmer No.

Signed Walter A. Hedges

Licensed Embalmer No. 4265

Signed
Student Embalmer

P. O. Address Sheridan, 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.