

STANDARD CERTIFICATE OF DEATH

34374

State File No.

FILLED NOV 3 1952

BIRTH NO. REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Richland</u>		c. CITY (If decedent corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rout. 1. Box</u>		d. STREET ADDRESS (If rural, give location) <u>Rout. 1.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed</u> b. (Middle) <u>BUYKHART</u> c. (Last) <u>BUYKHART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25-1877</u>
9. AGE (In years, months, days) <u>75</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Barnett Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Aseval BUYKHART</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Rowden</u>	
14. NAME OF HUSBAND OR WIFE <u>Widowed</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. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Hoque</u> 2835 ~~Edmond~~ <u>Remo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cessation of respirating</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic subacute</u> DUE TO (c) <u>Rheumatic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>414X</u>	
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) (Minute) 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 <u>1948</u> , to <u>10-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-23</u> , 19 <u>52</u> , and that death occurred at <u>11:25 PM.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lewis J. Myers D.O.</u>		23b. ADDRESS <u>Richland Mo</u>	
23c. DATE SIGNED <u>Oct 28-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Swick</u>	
24b. DATE <u>10/27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt View Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richland Camden Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Deeper</u>	
25. ADDRESS <u>Richland</u>		DATE REC'D BY LOCAL REG. <u>Oct 29-1952</u>	
REGISTRAR'S SIGNATURE <u>Gilpha Draw</u>		42-0	

(Licensed Embalmer's Statement on Reverse Side)

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

0150

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_____

Ewell C. Craig

Signed.....
Student Embalmer

Licensed Embalmer No. *4766*

P. O. Address *Richland*

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.