

FILED JUL 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 23564

BIRTH NO. _____		REG. DIST. NO. 3251		PRIMARY REG. DIST. NO. 4476		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0900</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>CLARK</u>		c. (Last) <u>Buford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wht.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 10 1879</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry CLAY Buford</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Forrester</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Buford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY JANE BUFORD-DOWNING, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Sept 18, 1952</u> , to <u>Jan 30, 1953</u> , that I last saw the deceased alive on <u>Jan 30, 1953</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.E. Vaughn D.O.</u> (Degree or title)				23b. ADDRESS <u>Lancaster Mo.</u>		23c. DATE SIGNED <u>7/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOWNING CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DOWNING MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jul. 9-53</u>		REGISTRAR'S SIGNATURE <u>Paul R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brian J. Norman</u>		ADDRESS <u>Lancaster Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1956

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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. _____

Student
Student Embalmer

Signed *Gay S. Shelton*

Licensed Embalmer No. 4700

P. O. Address Queen City, 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.