

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32320

State File No. ....

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5664</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>11 miles N. of Labelle,</u>			c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>11 Miles No. of Labelle, Missouri</u>			d. STREET ADDRESS (If rural, give location) <u>6560</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Donald</u>		b. (Middle) <u>William</u>		c. (Last) <u>Buford</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar. 21, 1912</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19, 1953</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Alden, Montana (rural)</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>Joseph L. Buford</u>			
13b. MOTHER'S MAIDEN NAME <u>May Hinch</u>				14. NAME OF HUSBAND OR WIFE <u>Elva Buford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2</u>		16. SOCIAL SECURITY NO. <u>711-12-4185</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alva Buford Labelle, MO</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
<b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>By gunshot wound right temple, rmbm</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>22 caliber rifle</u>							
DUE TO (c) <u>Hand unknown</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>E9190 19</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Labelle, Reddish, Lewis, Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 19 1953 2:30 P.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gunshot wound</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. Buckley, Coroner 3 Canton, Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>9/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N. W. of Knox City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-24-53</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. L. Griner Elina, Mo</u>			

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

0560  
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OCT 30 1953  
FEB 15 1954

OCT 30 1953

SEP 20 1953

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mrs J. W. Anderson

Licensed Embalmer No. 2972

P. O. Address Edina 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.