

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6210 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL UPTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL UPTON TWP</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI N. UPTON 1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>		b. (Middle) <u>MARSHALL</u>	
c. (Last) <u>BUFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 8 1953</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 2 1872</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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>ST. LOUIS CO MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM J. BUFORD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY J. SINK</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY BESS</u>		ADDRESS <u>PUEBLO COLO.</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</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 <u>5 min.</u> <u>10 yrs.</u> <u>10 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/10/51</u> , 19 <u>51</u> , to <u>10-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>53</u> , and that death occurred at <u>7: A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John P. Kelly M.D.</u>		23b. ADDRESS <u>Houston Mo.</u>	
23c. DATE SIGNED <u>10-10-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-11-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>GRAND PASS</u>		24d. LOCATION (City, town, or county) (State) <u>GRAND PASS MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 12-53</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u>		ADDRESS <u>HOUSTON MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2070

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.

JM