

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1070

FILED FEB 1 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5489 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek twp.</u>	c. LENGTH OF STAY (In this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sugar Creek twp. 0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi N.E. Gelman City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>William</u>	c. (Last) <u>Buzzard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 54</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>10-20-1871</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	12. 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>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>	

13a. FATHER'S NAME <u>Isaiah Buzzard</u>	13b. MOTHER'S MAIDEN NAME <u>Malissa Fields</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Buzzard</u>
15. WAS DECEASED EVER IN 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>Emma Blakeman</u> ADDRESS <u>Brunson 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Month</u>
ANTECEDENT CAUSES Afordid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) _____		

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)	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 Oct 15, 1953, to Jan 22, 1954, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Underwood</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Gelman City Mo.</u>	23c. DATE SIGNED <u>Jan 23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. Burriss</u> ADDRESS <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-54</u>	REGISTRAR'S SIGNATURE <u>Zola Burriss</u>	

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

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.....

M. J. Lass

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.