

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2184

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>4449</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> <u>0900</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u>		c. LENGTH OF STAY (in this place) <u>7.9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u> <u>0900</u>		d. STREET ADDRESS (If rural, give location) <u>Own Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>		3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Walter</u> c. (Last) <u>Buford</u>		4. DATE OF DEATH (Month) - (Day) (Year) <u>Jan. 10 '55</u>			
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Sept. 28, 1881</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Store</u>		11. BIRTHPLACE (State or foreign country) <u>Ellington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abe Buford</u>		13b. MOTHER'S MAIDEN NAME <u>America Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Buford</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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Buford Ellington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u></u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>334 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u></u>			
22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>55</u> , to <u>Jan 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. F. Bugg, M.D.</u>				23b. ADDRESS <u>Ellington, Mo.</u>		23c. DATE SIGNED <u>1-10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/29/55</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u> <u>276</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas S. Lewitt Ellington</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 2-3-55
Reynolds County Health Cen
File No. 255 - 2

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

Chas S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.