

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15142

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 459					
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. LENGTH OF STAY (In this place) 20 years		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 941 E. Madison				e. STREET ADDRESS (If rural, give location) 941 E. Madison				03960			
3. NAME OF DECEASED (Type or Print) Cecil			a. (First)		b. (Middle) W.		c. (Last) Buzan				
4. DATE OF DEATH (Month) (Day) (Year) May 23, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 24, 1890			
9. AGE (In years last birthday) 63		10. MONTHS 5		11. DAYS 29		12. CITIZEN OF WHAT COUNTRY? USA		13. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Carpentry			11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J. W. Buzan			13b. MOTHER'S MAIDEN NAME Eliza Large			14. NAME OF HUSBAND OR WIFE Mrs. Hattie Buzan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Buzan			ADDRESS Springfield,				
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) UNATTENDED BY A PHYSICIAN				MEDICAL CERTIFICATION Mo.		INTERVAL BETWEEN ONSET AND DEATH Unknown	
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) (m.)		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 _____ to _____ and that death occurred at 5:30 P. M., from the causes and on the date stated above.											
23. SIGNATURE Local Registrar of Vital Statistics				23b. ADDRESS Greene County Court House Springfield, Missouri			23c. DATE SIGNED 5/24/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May, 1955		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield, Missouri					
DATE REC'D BY LOCAL REG. 5/24/55		REGISTRAR'S SIGNATURE Cecil Williamson			25. FUNERAL DIRECTOR'S SIGNATURE Dorman Scherf Funeral Home Springfield, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

201 88 1952

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.....
Signature of Student Embalmer

Signed *L. Edwin Egan*.....

Licensed Embalmer No. *317*.....

P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.