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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20031

FILED JUL 12 1956

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5367 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Monroe Twp
c. LENGTH OF STAY (In this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE New Jersey
b. COUNTY Bergen
c. CITY OR TOWN Little Ferry
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 18 Hutick St.

82 90 8

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) JAMES c. (Last) BUXTON

4. DATE OF DEATH (Month) (Day) (Year) 7-4-1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9-26-1883
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Mechanical
11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Richard Buxton
13b. MOTHER'S MAIDEN NAME Elizabeth McGongal
14. NAME OF HUSBAND OR WIFE Catherine Buxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 145-05-4629
17. INFORMANT'S SIGNATURE OR NAME Carl Buxton, ADDRESS Little Ferry New Jersey

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1956, *to* July 4, 1956, *that I last saw the deceased alive on* July 4, 1956, *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard Carter M.D.
23b. ADDRESS Hamilton, Mo
23c. DATE SIGNED July 4, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7/4/1956
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Little Ferry New Jersey

DATE REC'D BY LOCAL REG. 7-6-56
REGISTRAR'S SIGNATURE Virginia M Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE Morris A. Bram
ADDRESS Hamilton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

31-0

JUL 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Morris A. Bram

Licensed Embalmer No. 39

P. O. Address Hamil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.