

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14521

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3874**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Alton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION V.A. Hospital 915 N. Grand Ave			e. STREET ADDRESS (If rural, give location) 32 2606 Amelia St		
3. NAME OF DECEASED (Type or Print) OSIE			a. (First)	b. (Middle)	c. (Last) BUFORD
4. DATE OF DEATH April 19 1957			(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 15 1905		9. AGE (In years last birthday) 51
IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 4	IF UNDER 2 HRS. Hours	Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Brick Yard		11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co. Miss	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Anderson Buford		13b. MOTHER'S MAIDEN NAME Harriott Sanders		14. NAME OF HUSBAND OR WIFE Elnora Buford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW #2	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elnora Buford 2606 Amelia Alton, Ill		
MEDICAL CERTIFICATION					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Subarachnoid Hemorrhage of the Brain, Paralytic Stiffness of Large Bowel Antecedent causes: As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. As a passenger, went out of control and struck tree on State St., Godfrey, Ill (Madison City) about 530 pm, Apr 13, 1957.			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. OCCIDENT SUICIDE OR HOMICIDE Accidental		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Godfrey (Madison) Ill (COUNTY) (STATE)	
21d. TIME OF INJURY APR 13 97 5:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 8230 32	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 510 P m., from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 4/22/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-23-1957	24c. NAME OF CEMETERY OR CREMATORY Clear Creek	24d. LOCATION (City, town, or county) (State) Oxford, Miss	
DATE REC'D BY LOCAL REG. APR 23 57		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Ave	

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

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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 *Ester K. Harris*.....

Licensed Embalmer No. *445*

P. O. Address *4181 Van*

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.