

pt. Health,
S. & Welfare
S. Public
Health Service

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40058
STATE FILE NUMBER
Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 18

0411
S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		c. CITY OR TOWN Bethany	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hosp 73 yrs		d. STREET ADDRESS (If outside, give location) West Main Street	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLEY ELMER BUIS		4. DATE OF DEATH Month Day Year Dec. 12, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 12, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Construction	11. BIRTHPLACE (City and state or country) Harrison Col Mo.
13a. FATHER'S NAME James L. Buis		13b. MOTHER'S MAIDEN NAME Elizabeth Olive Lake	14. NAME OF HUSBAND OR WIFE Edna Buis (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-12-0630	17. INFORMANT I. L. Buis, Bethany, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov 20, 1957 to Dec 12, 57 and last saw ^{her} him alive on Dec 12, 57 Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Miriam Gearshall MD		22b. ADDRESS Bethany, Mo.	
22c. DATE SIGNED 12/14/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/15/57	
23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetary		23d. LOCATION (City, town, or county) (State) Bethany, Missouri	
24. FUNERAL DIRECTOR Clark L. Foutch, Bethany, Mo.		25. DATE RECD. BY LOCAL REG. 12-14-1957	
26. REGISTRAR'S SIGNATURE Jella Mayes			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

5470

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 *Clark L. Foutch*

Licensed Embalmer No. 4831

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